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5-17-43  
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3318th Annual  
15933

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 318

Primary Registration District No. 1003

4517

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
ST. ANTHONY HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution HOSP. 2 DAYS  
(Specify whether years, months or days)

In this community 8 mo 8 days

3. (a) PRINT FULL NAME CAROL-ANN BRUNNERT

3. (b) If veteran, name war NIL

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife CHILD

6. (c) Age of husband or wife if alive NIL years

7. Birth date of deceased SEPT. 5, 1942  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	—	8	8	hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

MOTHER FATHER

12. Name FRANK BRUNNERT

13. Birthplace ARGYLE MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIE GAYDOS

15. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant FRANK BRUNNERT

(b) Address 1911 BREMEN AVE

17. (a) BURIAL (b) Date thereof 5/14/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director Wiedmeyer & Sons

(b) Address 3184 N 29th

19. (a) MAY 7 (b) J. J. Brudeck  
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 060

(c) City or town St. Louis 967  
(If outside city or town limits, write "RURAL")

(d) Street No. 1911 Bremen 9  
(If rural, give location)

(e) Citizen of foreign country? N (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13, 1943  
year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 10 1943 to May 13 1943  
that I last saw him alive on May 13 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Purpura  
Cause undetermined

Due to Purpura

Due to Purpura

Other conditions (Include pregnancy within 3 months of death)

Duration  
3 days

Major findings:  
Of operations.....

Of autopsy Cause of death not found

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur? (City or town) (County) (State).....

(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work (Specify type of place) Means of injury.....

23. Signature Dr. H. C. Schuster (M. D. or other)

Address May 14, 1943 Date signed 5-14-43

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Alfred J. Prodeker*

Licensed Embalmer No.....

*2663*

P. O. Address.....

*5934 Alpen*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**