

FILED OCT 7 1943 369

Registration District No.

Primary Registration District No. 4538

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Wayne

(b) City or town Piedmont, Mo.

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wayne

(c) City or town Piedmont (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Eugene O. W. Brunk,

3. (b) If veteran, name war.

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Brunk

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased January 1 1871

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	7	14	hr. min.

9. Birthplace Minnesota (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business

MOTHER FATHER { 12. Name Julius Brunk

13. Birthplace Germany (State or foreign country)

14. Maiden name Catherine Naegle

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mary Brunk

(b) Address Piedmont, Mo.

17. (a) St. Louis, Mo. (b) Date thereof 8. 28. 1943

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri.

18. (a) Signature of funeral director F. C. Yates

(b) Address Piedmont, Mo.

19. (a) Aug. 31, 1943 (b) Mrs. Lella Manno

(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Aug 16 1943 to Aug 24 1943 that I last saw him alive on Aug 22 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to

Due to

Other conditions gub
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) (e) Means of injury

23. Signature W. Jones M.D. (M. D. or other)

Address Piedmont, Mo. Date signed 8-25-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 4
District File Number 1043-2782
Date Filed 10-5-43

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

John A. Holt

Licensed Embalmer No. 4264

P. O. Address Fredensborg, Md.

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.