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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8768

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 2600

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:
Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 926
(If outside city or town limits, write "RURAL")

(d) Street No. 1917 Angelrodt St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Edna L. Brune

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Fred Brune

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 23, 1892.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
51	9	22	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name William Schlueter
13. Birthplace - - Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Caroline Schierenbeck
15. Birthplace - - Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant John F. Brune
(b) Address 1917 Angelrodt St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 18, 1944.
(Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ FUNERAL HOME
(b) Address 4828 Natural Bridge Blvd.

19. (a) MAR 18 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1944 hour 3:45 minute A. M.

21. I hereby certify that I attended the deceased from 2/5/ 1944, to 3/16 1944
that I last saw her alive on 3/15 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration

Due to Cholecystitis Acute — 3 mo

Due to 126

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations Large Infected Gall Bladder, Stones

Of autopsy

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?
(Specify type of place)

While at work (e) Means of injury 0

23. Signature Guy Simpson (M. D. or other) M D

Address 3833 Washington Date signed 3/17/44

(Licensed Embalmer's Statement on Reverse Side)

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. Milnar

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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

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