

S. No. 2
DM-5-43
v. 5-17-39
I X36871

FILED APR 26 1944
Registration District No. 351 B

Primary Registration District No. 1003

State File No. _____
Registrar's No. 359344

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
 In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frank Brunker

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex <u>M</u>	5. Color of race <u>W</u>	6. (a) Single, widowed, married, divorced <u>married</u>
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6. (b) Name of husband or wife Lillian 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Aug. 19th 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>7</u>	<u>27</u>	hr. min.

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

10. Usual occupation Watchman

11. Industry or business _____

MOTHER { 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Brunker
 (b) Address 1922a Chouteau Ave.

17. (a) Cremation (b) Date thereof 4/19/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place of burial or cremation Missouri Crematory

18. (a) Signature of funeral director A. H. McLaughlin
 (b) Address 2301 Lafayette Ave

19. (a) APR 18 1944 (b) J. T. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1922a Chouteau Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16th
 year 1944 hour 9:00 minute A. M.

21. I hereby certify that I attended the deceased from April 5th
 19 44 to April 16th 19 44
 that I last saw him alive on April 16th 19 44
 and that death occurred on the date and hour stated above.

Immediate cause of death antiarosclerotic heart disease
 Due to _____
 Due to _____

Other conditions 93rd
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy same

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 Frank Brunker (M. D. or other) _____
 Address 1515 Lafayette Date signed 4/17/44

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

L.R. Cooper

..... Licensed Embalmer No. *3633*

..... P. O. Address *2317 Lafayette*

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.