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FILED MAY 25 1944 18

Registration District No. _____

Primary Registration District No. L 1003

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:
Isolation Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution April 7, 1944
to May 15, 1944. (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 97
(d) Street No. 5438 Christy
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Max Brunhofer, Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-3675.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced D 3

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 26 1909
(Month) (Day) (Year)

8. AGE: Years 35 Months 0 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Brewer

11. Industry or business _____

12. Name Max Brunhofer, Jr.

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

14. Maiden name Katherine Kerbur
Germany
(City, town, or county) (State or foreign country)

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

16. (a) Informant Edith V. Minor
(b) Address 5600 Arsenal Street

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

(c) Place: burial or cremation Sunset Byrial Park.
Zigmont Bros.

18. (a) Signature of funeral director _____
(b) Address 6408 CAVOIS AVE.
19. (a) MAY 17 1944 (b) J. J. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15,
year 1944 hour 7 minute 30 M.

21. I hereby certify that I attended the deceased from April 7,
1944, 19____, to May 15, 1944, 19____;
that I last saw him alive on May 15, 1944, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis
Far Advanced

Due to _____
Due to _____

Other conditions _____
(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. H. Blighers (M. D. or other)
Address Isolation Hosp. Date signed _____

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

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

MOTHER FATHER

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 Homer W. Henty
Licensed Embalmer No. 3882

P.O. Address.....

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.