

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 23 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 313

Primary Registration District No. 1003

Registrar's No. 8717

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution:  
4931 Bonita Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 020

(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 2/9

(d) Street No. 4931 Bonita Ave.  
(If rural, give location)

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

If yes, name country \_\_\_\_\_ 0

**3. (a) PRINT FULL NAME** Emma J. Brunke

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Henry Brunke

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

7. Birth date of deceased May 18, 1857  
(Month) (Day) (Year)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Oct. day 11  
year 1944 hour 2 minutes 0 A. M.

21. I hereby certify that I attended the deceased from Oct 2 to Oct 11, 1944,  
that I last saw her alive on Oct 11, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Chronic myocardiosis 10 years  
old age

**8. AGE:**

Years	Months	Days	If less than one day
<u>87</u>	<u>4</u>	<u>28</u>	hr. _____ min. _____

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name Siebenman

13. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know 9  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_ Means of injury \_\_\_\_\_

16. (a) Informant Will Siebenman

(b) Address 3757 Marine Ave.

17. (a) Burial (b) Date thereof Oct. 14, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Weick Bros.

(b) Address 2201 S. Grand Bl.

19. (a) OCT 13 1944 (b) J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 3715 S. Grand Ave. Date signed 10/14/44

Duration \_\_\_\_\_

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Robert Mueller  
Delema - Besley

**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 Wang A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**