S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1945

318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4041

State File No.

Registration District No. Primary Registration District No. 1002 Registrar's No. 997

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution: MISSOURI BAPTIST HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WEEKS (Specify whether years, months or days)

In this community 20 YRS

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST LOUIS 7

(c) City or town WEBSTER GROVES (If outside city or town limits, write "RURAL") NR

(d) Street No. 429 SHERWOOD DRIVE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME WILLIAM EARL BRUNCK

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife HARRIET C BRUNCK

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased SEPT (Month) 27 (Day) 1893 (Year)

8. AGE: Years 51 Months 8 Days 3 If less than one day hr. min.

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

10. Usual occupation CERTIFIED PUBLIC ACC'T

11. Industry or business ERNST + ERNST CO

FATHER

12. Name FRANK BRUNCK

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

MOTHER

14. Maiden name LULU ROLL

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

16. (a) Informant Mrs W E Brunck

(b) Address 429 Sherwood Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 1 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Parker Und Co.

(b) Address Webster Groves Mo

19. (a) FEB 1 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 30 year 1945 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from years, 19..., to 1/28/45, 19...; that I last saw him alive on 1/28/45, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure heart	years
Due to:	
Due to: Rx. hemiplegia / Fibrillation +	
Other conditions (Include pregnancy within 3 months of death): Coronary dis. heart	

Major findings:
Of operations none
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) none

(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

23. Signature Frank P. Saint (M. D. or other) MD

Address 13 N. Gore, Webster Groves Mo Date signed 1/31/45

(Licensed Embalmer's Statement on Reverse Side)

MAR 24 1945

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 Leslie Welch, Registered Apprentice No. 362, working under my personal supervision.

Signed E. L. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Groves

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.