S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18592

FILED JUN 30 1945

Registration District No. 218 Primary Registration District No. 1003 Registrar's No. 5283

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: 4414 West Pine Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis.
(If outside city or town limits, write "RURAL")
(d) Street No. 4414 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clarence P. Brunswick.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M. 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Gertrude Brunswick.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 23rd., 1895 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
50.	3	20	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Receiving Clerk.
11. Industry or business McQuay-Norris.
12. FATHER Name Dont Know Brusnwick
13. FATHER Birthplace Dont Know. (City, town, or county) 9 (State or foreign country)
14. MOTHER Maiden name Dont Know.
15. MOTHER Birthplace Dont Know. (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Ida Bybee
(b) Address 4414 West Pine Blvd.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 6-18-45 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Finney Blvd.
19. (a) JUN 15 1945 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13th. year 1945. hour 4 minute 35 P.M.
21. I hereby certify that I attended the deceased from December 12, 1944, to June 13, 1945 that I last saw him alive on June 6, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	instant.
Due to Coronary artery sclerosis	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
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

23. Signature John L. Horner (M. D. or other) M.D.
Address 114 N. Taylor, St. Louis Date signed 6-14-45

(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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.