

FILED SEP 12 1945
Registration District No. _____

Primary Registration District No. 3020

1. PLACE OF DEATH

(a) County Franklin

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

(c) Name of hospital or institution: St. Francis Hosp.
(If not in hospital or institution, write street number & location)

(d) Length of stay: In hospital or institution 17 days
Specify whether

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Washington
(If outside city or town limits, write "RURAL")

(d) Street No. 809 W. 2nd St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME LAURA PELSTER BRUNE

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1945 hour 7 minute 15 P.M.

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Charles H. Brune 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased September 23 1886
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 14 1945 to Aug 14 1945
that I last saw him alive on Aug 13 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration unknown

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>10</u>	<u>21</u>	hr. _____ min. _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

Major findings: Hx

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Home Maker

11. Industry or business Own Home

12. Name William Pelster

13. Birthplace Port Hudson Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Auna Hammermeister

15. Birthplace New Haven Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles H. Brune

(b) Address Washington, Missouri

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? _____

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

(c) Place: burial or cremation Washington Mo.

While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director W. E. B. Witt, Inc.

(b) Address Washington, Missouri

19. (a) 8-15-45 (b) Charles R. Brooks
(Date received local registrar) (Registrar's signature)

23. Signature Charles A. Schmidt (M. D. or other) _____
Address Washington Mo Date signed 8-16-45

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

MOTHER FATHER

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

9-10-45

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

Lester A. Pitt
Licensed Embalmer No. 3254

P. O. Address Washington, Mo

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.