S. No. 2
M—2-43
5-17-39
X35697

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

38974

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 5 1946

Registration District No. 318

Primary Registration District No. 1003

State File No.

Registrar's No. 11325

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: 2727A EADS AV.
(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 MO. (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2727A EADS AV.
(If rural, give location)

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

If yes, name country

Fall 23/7 9

3. (a) PRINT FULL NAME HELEN BRUNNERT

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex FEMALE

5. Color or race W

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

6. (b) Name of husband or wife JOSEPH

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

7. Birth date of deceased JAN (Month) 12 (Day) 1900 (Year)

8. AGE: Years 45 Months 11 Days 11 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEKEEPER

11. Industry or business OWN

FATHER
12. Name CHARLES MUELLER
13. Birthplace MO (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ANGELA BROMSCHWIG
15. Birthplace MO (City, town, or county) (State or foreign country)

16. (a) Informant Mr Jos. M. Brunnert
(b) Address 2727A Eads Av

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 26-45 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director E. J. Schmur
(b) Address 3125 Lafayette Av

19. (a) DEC 26 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23
year hour minute M.

21. I hereby certify that I attended the deceased from Dec. 17, 19 45, to , 19 ;
that I last saw her alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemiplegia due to cerebral embolus	
Due to: Chronic cardiac valvular disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

92

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 R Berg (M. D. or other)
Address 2273 Nebraska Date signed 12/25/45

(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 Joseph B Vollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis 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.