

S. No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED JAN 21 1946  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 11

Registration District No. 318 Primary Registration District No. 1003

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:  
De Paul Hospital  
(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, 000

(c) City or town ST. Louis 917  
(If outside city or town limits, write "RURAL")

(d) Street No. 4240 N. 21st 9  
(If rural, give location)

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

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

3. (a) PRINT FULL NAME EDWARD A. BRUNK

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 494-01-5943

4. Sex MO 5. Color or race W

6. (a) Single, widowed, married, divorced 58 M

6. (b) Name of husband or wife Lillie M. 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Jan 11 1881  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st  
year 1946 hour 1 minute am M.

21. I hereby certify that I attended the deceased from May 8 1945 to Jan 1 1946  
that I last saw him alive on Jan 1 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

64 11 21 hr. \_\_\_\_\_ min.

Immediate cause of death Pyelonephritis  
Calculus in Bladder ?

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

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

Other conditions (Include pregnancy within 3 months of death) 1 1/2 H

9. Birthplace ST. PAUL MINN  
(City, town, or county) (State or foreign country)

10. Usual occupation BRICK LAYER

11. Industry or business unemployed

12. Name Julius Brunk

13. Birthplace Gen 4  
(City, town, or county) (State or foreign country)

14. Maiden name Katharine Nagel

15. Birthplace Gen 11  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillie M. Brunk

(b) Address 4240 N. 21st Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1946  
(Month) (Day) (Year)

(c) Place: burial or cremation LIME CHARLES

18. (a) Signature of funeral director Procost

(b) Address 3710 N. Grand Blvd

19. (a) JAN 2 1946 (Date received by registrar) J. F. Brunk (Registrar's signature)

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

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury ?

23. Signature J. F. Brunk (M. D. or other) ?

Address 986 Arcade Bldg Date signed 1/2/46

Duration ?

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Case 5894  
R. Ca. 3590

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address 858 Hamilton

**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.**