

FILED DEC 12 1946

Primary Registration District No. 5179

1. PLACE OF DEATH:

(a) County Candlen
(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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

3. (a) PRINT FULL NAME R.P. BRUNER [Robert]

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color white 6. (a) Single, widowed, married, divorced _____

(b) Name of husband or wife Josephine M Bruner 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased July 7 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Louisville Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Hotel Operator

11. Industry or business _____

12. Name Preston Bruner

13. Birthplace Washington Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Mary Sue Pevert

15. Birthplace Washington Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine M Bruner

(b) Address 667 Stafford Ave University City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 27 - 46
(Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Park Cem

18. (a) Signature of funeral director WMC May del

(b) Address 1926 Allen Ave St Louis, Mo

19. (a) Dec 2 - 1946 (b) Zilpha S. Drew
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Candlen
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 567 Stafford Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1946 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 11-25 to 11-25 1946

that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Thrombosis 46

Due to _____

Due to _____

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

Major findings: Of operations No operation

Of autopsy No 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 E.E. Claiborne M.D. Date signed 11-25

Address Candlen, Mo

DEC 12 1945

11-46-310
12-11-45

RECEIVED
DISPATCH
11-11-45

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address. Lebanon 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.