

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10613
2763
Registrar's No. _____

FILED MAR 24 1947

Registration District No. 318 Primary Registration District No. 1003

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:
5807 Delmar
(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 _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5807 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wm. H. Brunk
3. (b) If veteran, 1 name war _____ 3. (c) Social Security No. _____
4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hilda 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased Nov 17 1862
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 14
year 1947 hour I minute 30 A. M.
21. I hereby certify that I attended the deceased from June 5, 1946 to March 14, 1947
that I last saw him alive on March 14, 1947
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years Months Days 84 3 25
If less than one day _____ hr. _____ min.

Duration
6 hr.
Due to Coronary Thrombosis
General Atherosclerosis 3 years
Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

9. Birthplace Middleton Ind.
(City, town, or county) (State or foreign country)
10. Usual occupation Ret Restirant

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Wm. Brunk
13. Birthplace I.n.d.
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Hilda Brunk
(b) Address 5807 Delmar
17. (a) Burial (b) Date thereof Mar 17 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus

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) _____ Means of injury _____

18. (a) Signature of funeral director Schumacher and Co
(b) Address 3013 Meramec st
19. (a) MAR 15 1947 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

23. Signature Julius Ch. Kottel (M. D. or other) MD
Address 1103 Cherokee St Date signed 3/14/47

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

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 Francis Williamson

Licensed Embalmer No. 3565

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.