

FILED JUL 7 1947

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6152

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:
5231 BLAIR AVE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution NIL
(Specify whether
 In this community 71-8-20
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 5231 BLAIR AVE 4
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE BRUNS

3. (b) If veteran, name war NIL 3. (c) Social Security No. 492-07-5558

4. Sex M. O 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife FANNIE BRUNS 6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased: OCT. 7, 1875
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 20 If less than one day
hr. min.

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

10. Usual occupation RETIRED FURNACE FOREMAN

11. Industry or business MISS. GLASS Co

12. Name JOHN BRUNS

13. Birthplace UNK. UNK. I
(City, town, or county) (State or foreign country)

14. Maiden name CAROLINE BUMB

15. Birthplace UNK. GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant CARRIE BRUNS

(b) Address 825 ANGELICA ST

17. (a) BURIAL (b) Date thereof 6/30/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM

18. (a) Signature of funeral director (Quedmeyer)

(b) Address 3934 N. 20th ST

19. (a) JUN 27 1947 (b) H. H. Hender
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27th
 year 1947 hour 10 minute 10 A.M.

21. hereby certify that I attended the deceased from JUNE 19 1947 to JUNE 27 1947
 that I last saw him alive on JUNE 27 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Isaegran of left foot - 1 1/2
 Due to _____

Due to Diabetes mellitus

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations (U)

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 force) _____
 (c) Means of injury _____

23. Signature (Francis J. Medina) (M. D. or other) _____

Address 101 W. Broadway Date signed 6/27/47

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

MOTHER FATHER

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 *Rex E. Campbell*.....

Licensed Embalmer No. *3881*.....

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.