FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 23 1947
Registration District No. 26C

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24959
Primary Registration District No. 5884
Registrar's No. 10

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Freeburg - R.F.D. Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Washington
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Osage
(c) City or town Freeburg R.D. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Washington Twp.
(If rural, give location)
(e) Citizen of foreign country? .....(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Elizebeth Brune
3. (b) If veteran, name war --- 3. (c) Social Security No. ---

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Pete Brune 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased June (Month) 9 (Day) 1858 (Year)

8. AGE: Years	Months	Days	If less than one day
89	1	2	.....hr. .....min.

9. Birthplace Rich Fountain (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business.....

MOTHER
12. Name Margarete Mertz
13. Birthplace Germany (City, town, or county) (State or foreign country)

FATHER
14. Name Frank Brune
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Henry Brune
(b) Address Freeburg Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Freeburg Mo
18. (a) Signature of funeral director Edgar Morton
(b) Address Linn Mo
19. (a) July 14 1947 (Date received by registrar) (b) Mrs L H Moore (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7- day 11 year 1947 hour 1 minute 45 a.m. July 4 47
21. I hereby certify that I attended the deceased from July 7 1947 to July 11 1947; that I last saw her alive on July 7, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left Ventricular Failure.	Days
Due to Cardio Renal Diseases	5 Yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) Gastric Carcinoma	

Major findings:
Of operations B
Of autopsy No

PHYSICIAN
Underline the cause of 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 W. H. Moore (M. D. or other) D. O.
Address Argyle, Mo. Date signed 7/14/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

S. No. 2
1/47
5-17-39

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 7/22/42

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.