

**FILED SEP 23 1947**  
Registration District No. **6076**

Primary Registration District No. **6076**

Registrar's No. **1858**

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Since 7-21-47**  
(Specify whether  
**40 years**  
In this community **40 years**  
years, months or days)

3. (a) PRINT

FULL NAME **BRUNNER, Joseph**

3. (b) If veteran,

name war **World War I**

3. (c) Social Security No.

**498 03 9254**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Mary** 6. (c) Age of husband or wife if alive **42** years  
7. Birth date of deceased **December 27, 1892**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**54** **7** **30** hr. min

9. Birthplace **Chicago, Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business

12. Name **Unknown**

13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**

15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Vet. Adm. Hospital,**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Burial** (b) Date thereof **8/28/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Nat. Cem. Jeff. Bks. Mo.**

18. (a) Signature of funeral director **C. Hoffmeister U & L**

(b) Address **Co. 7814 S. Bdw., St. Louis, Mo.**

19. (a) **8-28-47** (b) **Joseph Brunner**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **None**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **707 North Sixth Street**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **26**  
year **1947** hour **8:40** minute **A.M.**

21. I hereby certify that I attended the deceased from **7-21-47**, 19... to **8-26-47**, 19...  
that I last saw him alive on **8-26-47**, 19...  
and that death occurred on the date and hour stated above.  
Duration

Immediate cause of death

**CHRONIC PYELONEPHRITIS**  
**HYPERTROPHY OF HEART**  
**ABDOMINAL ASCITES**

Due to **95C**

Other conditions (include pregnancy within 3 months of death)

Major findings: **No Operation**

Of autopsy **Autopsy performed (See Cause of Death)**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **No**

(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 **L. E. Stiller** (Specify type of place) (b) Means of injury

Signature **L. E. STILWELL, M.D.** (M. D. or other)

Address **VAH, Jeff. Brks., Mo.** Date signed **8-26-47**

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

MOTHER FATHER

76  
00

000  
17  
9  
1

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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 7814 S. Broadway

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.