

FILED AUG 13 1948

Registration District No. 597

Primary Registration District No. 6076

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 of location)  
(d) Length of stay: In hospital or institution 58 Days  
(Specify whether  
In this community 58 Days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County over 17  
(c) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL")  
(d) Street No. 916 St. Louis Avenue  
(If rural, give location)  
(e) Citizen of foreign country? None (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME BRUNER, Charles Hitch  
3. (b) If veteran, name war World II 3. (c) Social Security No. 432 34 3359

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Laura Mae Bruner  
6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased July 28 1926  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>22</u>	<u>0</u>	<u>2</u>	____ hr. ____ min.

9. Birthplace North Little Rock, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Charles Bruner  
13. Birthplace Indians  
(City, town, or county) (State or foreign country)  
14. Maiden name Kate Sullivan  
15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Registrar, VA Hospital

(b) Address Jefferson Barracks, Mo.

17. (a) Burial (b) Date thereof: 7/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 7814 S. Edwy, St. Louis, Mo.

19. (a) 8-2-48 (b) Gaul  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30  
year 1948 hour 12:28 minute P M.

21. I hereby certify that I attended the deceased from June 2, 1948, to July 30, 1948  
that I last saw in alive on July 30, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death GLOMERULONEPHRITIS,  
SUBACUTE  
130  
UREMIA, PULMONARY EDEMA

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
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) None

(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)

23. Signature L. E. Stilwell (M. D. xxxx)  
L. E. Stilwell

Address Jefferson Barracks, Mo. Date signed 7/30/48

WRITE PLAINLY—USE UNFADING INK

**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. Schiomi*

Licensed Embalmer No. *2679*

P. O. Address *7814 J. 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.**