S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 20 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 30888

Registration District No. 318 | Primary Registration District No. | Registrar's No. 6391

**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: St. L. City Hosp. #1, Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 hour ()
(Specify whether years, months or days)
In this community 20 years

**2. USUAL RESIDENCE OF DECEASED:** 1005

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2028 Hickory Street
(If rural, give location) 22
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mauddean Brunty
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced M 1
6. (b) Name of husband or wife Cecil
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased November (Month) 26 (Day) - 1907 (Year)

8. AGE: Years 40 | Months 7 | Days 21 | If less than one day hr. min.

9. Birthplace Centralia (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation house-wife
11. Industry or business
FATHER 12. Name Luther Myer
13. Birthplace Illinois 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Bertha Hinson
15. Birthplace Jackson Co. Illinois 1 (City, town, or county) (State or foreign country)
16. (a) Informant Cecil Brunty
(b) Address 2028 Hickory Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mount Hope Cem.
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) JUL 19 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 17th year 1948 hour 3:30 minute P. M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Hydrofluoric Acid poisoning; self administered, at her home 3028 Hickory St., on July 17, 1948, about 3:30 P.M. — Duration
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide
(b) Date of occurrence July 17, 1948
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home
(Specify type of place)
While at work? no (e) Means of injury see above
23. Signature Patrick E. Taylor Dep Cor. (M. D. or other)
Address 1300 Clark Date signed 7-19-48

(Licensed Embalmer's Statement on Reverse Side)

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

none

## 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 L R Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 Lafayette Ave

**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.**