

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41193**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **305** PRIMARY REG. DIST. NO. **6047** Registrar's No. **25**

929

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

1. PLACE OF DEATH a. COUNTY <b>St Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY <b>St Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Foristead MO</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Foristead MO 42</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>✓ 1</b>		d. STREET ADDRESS (If rural, give location) <b>3</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Arthur</b>	b. (Middle) <b>Lee</b>	c. (Last) <b>Brunk</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 25 1948</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Sept 29-1874</b>	9. AGE (In years last birthday) <b>74</b>	IF UNDER 1 YEAR <b>2</b> Months <b>26</b> Days	IF UNDER 24 HRS. <b>0</b> Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired R.R. Man Section Work</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Alexandria MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Jacob Brunk</b>	13b. MOTHER'S MAIDEN NAME <b>Ardenia F. Hadd</b>	14. NAME OF HUSBAND OR WIFE <b>✓</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Adison Cobbert Foristead MO</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  <b>946</b>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Foristead, St. Charles, MO.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>2</b>
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22. I hereby certify that I attended the deceased from **Dec 25, 1948**, to **Dec 25, 1948**, that I last saw the deceased alive on **Dec 25, 1948**, and that death occurred at **3 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W E Bargeon</b>	(Degree or title) <b>D.O.</b>	23b. ADDRESS <b>Wentzville, MO.</b>	23c. DATE SIGNED <b>12/27/48</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <b>Linn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Wentzville MO</b>
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DATE REC'D BY LOCAL REG. <b>12/31/48</b>	REGISTRAR'S SIGNATURE <b>Max F. Bell 408</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>T. P. ...</b>	ADDRESS <b>Wentzville, MO.</b>
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RECEIVED  
District Health Officer No. 9,  
District File Number  
JAN 10 1949  
Date Filed

JUN 1 3 1949

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed P. E. Pitman

Licensed Embalmer No. 2711

P. O. Address Wentzville, 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.