

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27907

7314

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1002	Registrar's No. 7314
1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		a. STATE Missouri
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		b. COUNTY		
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital		d. STREET ADDRESS (If rural, give location) 72-4727 Mc Millan		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Alex			b. (Middle) G.	
c. (Last) Brunner			August 20, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 3, 1871	9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheet Metal Foreman		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) North Washington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.a.
13a. FATHER'S NAME Carl Brunner		13b. MOTHER'S MAIDEN NAME Augusta Hemann		14. NAME OF HUSBAND OR WIFE Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-12-9537		17. INFORMANT'S SIGNATURE OR NAME Mrs. A. W. Fuchs
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart block, left bundle - with arrhythmia		DUE TO (b) Progressive degeneration		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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 type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 930
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2 20
22. I hereby certify that I attended the deceased from 8:18, 1949, to 8:20:47, 1949, that I last saw the deceased alive on 8-19-49, 1949, and that death occurred at 5:47 a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 1927 - main		23c. DATE SIGNED 8:20-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 23, 1949		24c. NAME OF CEMETERY OR CREMATORY Zion's Cemetery
24d. LOCATION (City, town, or county) St. Louis, Missouri				
DATE REC'D BY LOCAL REG. AUG 22 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc. 2161 E. Fair Av

(Licensed Embalmer's Statement on Reverse Side)

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

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 *Walter G. Bernley*

Licensed Embalmer No. *42029*

P. O. Address *St Louis 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.