No. 300
10.48

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14398

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1008 Registrar's No. 3672

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS MO
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3337 NEBRASKA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 24 ST. LOUIS 2249
d. STREET ADDRESS (If rural, give location) 3337 NEBRASKA

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) — c. (Last) BRUNAT

4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH SEPT. 19 1879

9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months 7 Days — | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BEER BOTTLER

10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREWERY

11. BIRTHPLACE (State or foreign country) BOHEMIA 8

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MICHAEL BRUNAT

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF ~~HUSBAND~~ OR WIFE MINNIE BRUNAT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME MINNIE BRUNAT ADDRESS 3337 NEBRASKA

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignancy of Rectal Signoid Organ — 6 yrs
DUE TO (c) Malignancy, Exp — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 154 X

22. *I hereby certify that I attended the deceased from* June 4 1941, *to* April 20 1950 *that I last saw the deceased alive on* 3/18, 1950 *and that death occurred at* 3:30 *m., from the causes and on the date stated above.* OK

23a. SIGNATURE (Degree or title) [signature]

23b. ADDRESS 2844 S Col [illegible]

23c. DATE SIGNED 3/21/50

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION

24b. DATE APRIL 22 1950

24c. NAME OF CEMETERY OR CREMATORY MISSOURI CREMATORY

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO

DATE REC'D BY LOCAL REG. APR 21 1950

REGISTRAR'S SIGNATURE J B Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Gravois

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Homer C Dell

Signed.....
Student Embalmer

Licensed Embalmer No. 4347

P. O. Address 2906 Gravn

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.