

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24601
Registrar's No. 6200

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. <u>1003</u>		Registrar's No. <u>6200</u>			
1. PLACE OF DEATH a. COUNTY <u>NONE</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>ILL.</u>				b. COUNTY <u>ST. CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>			c. LENGTH OF STAY (in this place) <u>7 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>EAST ST. LOUIS 8124</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEOPLE'S Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1216 TRENDLEY AVE.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>VERNELL</u>			b. (Middle)		c. (Last) <u>BRUNNER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 17, 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>9/18/1911</u>		9. AGE (In years, last, first, last) <u>39</u>	IF UNDER 1 YEAR Months Days Hours Min. <u>9 39</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>ARMOUR'S PKG. CO</u>		11. BIRTHPLACE (State, for country) <u>ALABAMA</u>		12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>		
13a. FATHER'S NAME <u>ADAM BRUNNER</u>			13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>			14. NAME OF HUSBAND OR WIFE <u>RUBY BRUNNER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Brunner</u>				
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) <u>Silicosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
			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. <u>Secondary Anemia</u>					<u>4 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>EST</u>		21d. (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>POIX</u>				
22. I hereby certify that I attended the deceased from <u>7/11</u> ^{PM} to <u>7/17</u> ^{PM} , that I last saw the deceased alive on <u>7/17</u> , 19 <u>50</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. B. Lassater</u>				23b. ADDRESS <u>1036 Tudor East St. Louis, Ill.</u>		23c. DATE SIGNED <u>7/18/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>7/19/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East St. Louis, Ill.</u>		24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>J. B. Lassater</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>P. D. Briggler</u>				
					ADDRESS <u>1036 Tudor East St. Louis, Ill.</u>				

JUL 19 1950

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

John Cunningham

Licensed Embalmer No.

4476

P. O. Address

4107 Finney 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.