

FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 21161  
5518

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wentzville</b>		<b>0920</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1354 Tamm Ave.</b>				d. STREET ADDRESS (If rural, give location) <b>/</b>			
3. NAME OF DECEASED (Type or Print), a. (First) <b>Mary</b>		b. (Middle)		c. (Last) <b>Brune</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>March 28, 1859</b>	
9. AGE (In years last birthday) <b>92</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Canton, Ohio.</b>		12. CITIZENRY OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John Lamski</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Henry</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna Brune, 1354 Tamm Ave.</b>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Right Sided Pneumonia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Cardio-Vascular Disease</b> DUE TO (c) <b>Advanced Gen. Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>Ch</b> <b>Ch</b> <b>Ch</b>	
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)			
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? <b>H4 2X</b>			
22. I hereby certify that I attended the deceased from <b>June 17, 1951</b> , to <b>June 17, 1951</b> , that I last saw the deceased alive on <b>June 17, 1951</b> and that death occurred at <b>7:45 a. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold J. Cox M.D.</b>				23b. ADDRESS <b>2816 Sutton Ave</b>		23c. DATE SIGNED <b>6/18/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-18-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Patricks</b>		24d. LOCATION (City, town, or county) (State) <b>Wentzville, Mo.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J B Lanter</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe, 4700 Washington Blvd.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 1952

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 Me

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

Licensed Embalmer No. 3575

P.O. Address Louis

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.