

FILED FEB 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2886
State File No. _____
Registrar's No. 0768

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. Louis</u>		2249
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARIQN Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>24 1327 Arsenal ST.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>HNTON</u>		b. (Middle) _____	c. (Last) <u>BRUN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 21, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug. 4, 1889</u>	9. AGE (In years last birthday) <u>63</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kisco Boiler Works</u>	11. BIRTHPLACE (State or foreign country) <u>Yugoslavia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sebastian BRUN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine BRUN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>342-03-7289</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Anna J. Bauer 1327 Arsenal ST.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>intoxication</u> DUE TO (c) <u>atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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) _____		21f. HOW DID INJURY OCCUR? <u>241X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>Jan 15, 1953</u> , to <u>Jan 21, 1953</u> , that I last saw the deceased alive on <u>Jan 21, 1953</u> , and that death occurred at <u>1:01</u> m., from the causes and on the date stated above.		
23a. SIGNATURE (Degree or title) <u>H. S. Payne M.D.</u>		23b. ADDRESS <u>27524 Cherokee</u>	23c. DATE SIGNED <u>1-21-53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 24 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New ST. Marcus</u>	24d. LOCATION (City, town, or county) (State) <u>ST. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>JAN 23 1953</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Will Bros. L. & U.C. 2929 S. Jefferson Ave.</u>		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

D. M. Davis

Signed.....

Student Embalmer

Licensed Embalmer No. *3741*

P. O. Address *2929 So Jefferson*

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.