No. 300
10.48

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

FILED APR 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12699

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 959

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS
c. LENGTH OF STAY IN this place: 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ENROUTE ST. MARY'S HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RICHMOND HEIGHTS 4505
d. STREET ADDRESS (If rural, give location): 8825 EAGER RD

3. NAME OF DECEASED (Type or Print): a. (First) WILFRED b. (Middle) R c. (Last) BRUNS

4. DATE OF DEATH (Month) (Day) (Year): MARCH 20 1953

5. SEX: M

6. COLOR OR RACE: W

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

8. DATE OF BIRTH: FEB 20 1908

9. AGE (In years last birthday): 45 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: CITY PRODUCTS CORP

11. BIRTHPLACE (City and State or Foreign Country): JEFFERSON CITY MO

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

13a. FATHER'S NAME: ANTHONY BRUNS

13b. MOTHER'S MAIDEN NAME: CECELIA KUHEN

14. NAME OF HUSBAND OR WIFE: ISABEL BRUNS

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

16. SOCIAL SECURITY NO.: 490-07-1212

17. INFORMANT'S SIGNATURE OR NAME: ISABEL BRUNS — ADDRESS: 8825 EAGER RD

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease 2

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: 4200

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?

22. *I hereby certify that I attended the deceased from* — 19__, *to* — 19__, *that I last saw the deceased alive on* — 19__, *and that death occurred at* 6:00 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm. W. Scherman (Degree or title) M.D.

23b. ADDRESS: St. Mary's Hosp. Richmond Ht.

23c. DATE SIGNED: 3/21/53

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

24b. DATE: MARCH 22

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): JEFFERSON CITY MO

DATE REC'D BY LOCAL REG.: 3-21-53

REGISTRAR'S SIGNATURE: Herbert R. Lamb M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: W. A. STOCK MORTUARY — ADDRESS: 2117 E GRAND

(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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E Gra

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.