

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45221

State File No. 12302

FILED JAN 19 1954

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12302

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS				c. LENGTH OF STAY (in this place) 5 YEARS		c. CITY OR TOWN ST. LOUIS		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1134 <sup>A</sup> ANGELICA ST.				e. STREET ADDRESS (If rural, give location) 2.6 1134 <sup>A</sup> ANGELICA ST.					
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH			b. (Middle) BRUNNER			c. (Last) BRUNNER			
4. DATE OF DEATH (Month) (Day) (Year) DEC. 27, 1953		5. SEX M. 0		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB. 12, 1884	
9. AGE (In years last birthday) 69		10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) RETIRED LABORER		10b. KIND OF BUSINESS OR INDUSTRY PORTLAND CEMENT CO		11. BIRTHPLACE (City and State or Foreign Country) ZALING AUSTRIA		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME UNK.			13b. MOTHER'S MAIDEN NAME BRUNNER			14. NAME OF HUSBAND OR WIFE UNKNOWN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 493-07-3256			17. INFORMANT'S SIGNATURE OR NAME MRS. THERESA BRUNNER			
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) Colicoma + metastases of sarophago + adjacent tissue Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary after unknown may have been sar. phago? DUE TO (c) Bone frag + my. frag. adu II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. M Mid Oct 1953					INTERVAL BETWEEN ONSET AND DEATH 2 mts +	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION lung tortuous (esophagus atrophy) bronchocopy lung biopsy Mid Oct 53						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? 150X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 April, 1943, to Dec 27, 1952, that I last saw the deceased alive on Dec 27, 1952, and that death occurred at 4:20 P. m., from the causes and on the date stated above.									
23a. SIGNATURE W. Hamilton			23b. ADDRESS 07M0 8363 Hall Ferry Rd			23c. DATE SIGNED Dec 29 53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/30/53		24c. NAME OF CEMETERY OR CREMATORY FRIEDENS CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO			
DATE REC'D BY LOCAL REG. DEC 29 1953		REGISTRAR'S SIGNATURE J. Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE M. Chudmeyer & Sons				
					ADDRESS 3934 N. 20th				

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.....  
Signature of Student Embalmer

Signed *Gustav W. Dietrich*

Licensed Embalmer No. *432*

P. O. Address *St. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**