

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **461**

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (In this place) 65 Yr.		c. CITY OR TOWN Cape Girardeau		d. Is 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 31 N Benton				e. STREET ADDRESS (If rural, give location) 31 N Benton			
3. NAME OF DECEASED (Type or Print) a. (First) Otto		b. (Middle) Robert		c. (Last) Brunke		4. DATE OF DEATH (Month) (Day) (Year) Jan 31 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov 18 1888	
9. AGE (In years) (App. birthday) 65		IF UNDER 1 YEAR Months 2 Days 13		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY International Co.		11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Fredrick Brunke		13b. MOTHER'S MAIDEN NAME Wilhelmina Wittenborn		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Martin Brunke		ADDRESS Perryville Mo	
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) Chronic Myocarditis 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. Pernicioues Anemia				INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs. 1-2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION #222				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) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 26 1954 , to Jan. 31, 1954 , that I last saw the deceased alive on Jan. 26, 1954 , and that death occurred at 11 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) William J. Oehler M.D.				23b. ADDRESS Cape Girardeau Mo.		23c. DATE SIGNED Jan. 1-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb 2 1954		24c. NAME OF CEMETERY OR CREMATORY Lorimier		24d. LOCATION (City, town, or county) (State) Cape Girardeau Mo.	
DATE REC'D BY LOCAL REG. 2-2-54		REGISTRAR'S SIGNATURE C. C. Summers		5. FUNERAL DIRECTOR'S SIGNATURE Joe S. Howell		ADDRESS Cape Gir. Mo.	

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..... *W. H. Estes*

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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.