

FILED AUG 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24324

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6756**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Villa Ridge	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 5919a Highland Ave.		e. STREET ADDRESS (If rural, give location) 0360	

3. NAME OF DECEASED (Type or Print) a. (First) Lillie b. (Middle) Whilhimina c. (Last) Brunner			4. DATE OF DEATH (Month) (Day) (Year) July 20, 1954		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan 19, 1885		9. AGE (In years last birthday) 69 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 4 WKS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (City and State or Foreign Country) New Haven, Missouri.		12. COUNTRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Schuermann	13b. MOTHER'S MAIDEN NAME Margaret Meyer	14. NAME OF HUSBAND OR WIFE Oscar Brunner
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon O. Brunner, Villa Ridge, Mo.	
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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		INTERVAL BETWEEN ONSET AND DEATH Indefinite.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, Coronic degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension, dysrhythmia, heart profection. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. old 2nd degree AV block			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) Franklin
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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? 443XF
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22. I hereby certify that I attended the deceased from **Jan. 1927**, to **July 19, 1954**, that I last saw the deceased alive on **7/19/54**, 19____, and that death occurred at **10:30 AM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter G. Allen MD	23b. ADDRESS 1927 Union	23c. DATE SIGNED 7/21/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7-20-54	24c. NAME OF CEMETERY OR CREMATORY St. Peters Evangelical	24d. LOCATION (City, town, or county) (State) New Haven, Mo.
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DATE REC'D BY LOCAL REG. JUL 21 1954	REGISTRAR'S SIGNATURE Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 5

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 *Robert M. Murray*

Licensed Embalmer No. *3749*

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.**