

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **424**

FILED FEB 7 - 1955

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **87**

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 township) Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (In this place) 38 yr		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 St. Francis Hospital		STREET ADDRESS (If rural, give location) 925 Jefferson	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Albertine	b. (Middle) Juanita	c. (Last) Brunke	(Month) Jan	(Day) 25	(Year) 1955

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept 2 1916	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 4	IF UNDER 1 YEAR Days 23	IF UNDER 1 HRS. Hours 	IF UNDER 1 HRS. Min.
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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. Cape Girardeau Mo.	11. BIRTHPLACE (City and State or Foreign Country) 	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Albert Brunke	13b. MOTHER'S MAIDEN NAME Connie Bollinger	14. NAME OF HUSBAND OR WIFE None
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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 Mrs Connie Bollinger	ADDRESS Cape Gir 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic glomerulo-nephritis DUE TO (c) Ulcerative colitis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 yrs	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 592X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May**, 19**54**, to **Jan 25**, 19**55**, that I last saw the deceased alive on **28 Jan**, 19**55**, and that death occurred at **2 a m.**, from the causes and on the date stated above.

23a. SIGNATURE Hugh V. Ashley, M.D.	(Degree or title) M.D.	23b. ADDRESS Cape Girardeau, Mo	23c. DATE SIGNED 25 Jan 50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 27 1955	24c. NAME OF CEMETERY OR CREMATORY Lorimer Cemetery	24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.
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DATE REC'D BY LOCAL REG. 1-31-55	REGISTRAR'S SIGNATURE C. C. Hummer	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Easter	ADDRESS Cape Gir Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 19 1956

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.