

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19912**
Registrar's No. **4703.**

FILED JUN 20 1955

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 45 Years		STREET ADDRESS (If rural, give location) 19 3655 Laclede Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3655 Laclede Ave.			

3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) Y. c. (Last) Brunner			4. DATE OF DEATH (Month) (Day) (Year) 5 27 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 21 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months 1 Days 6
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mover		10b. KIND OF BUSINESS OR INDUSTRY Moving Business	11. BIRTHPLACE (City and State or Foreign Country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Anthony Brunner	13b. MOTHER'S MAIDEN NAME Ellen Young	14. NAME OF HUSBAND OR WIFE Caelia Brunner
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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Caelia Brunner 3655 Laclede Ave.

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROSIS, GENERALIZED.		
	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. PYELONEPHRITIS			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4500

22. I hereby certify that I attended the deceased from **2/14**, 19**55**, to **5/27**, 19**55**, that I last saw the deceased alive on **5/27**, 19**55**, and that death occurred at **7:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl W. Lorian, M.D.	23b. ADDRESS 3731 GOODFELLOW BLVD.	23c. DATE SIGNED 5/28/55
--	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/31/55	24c. NAME OF CEMETERY OR CREMATORY Frieden Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. MAY 31 1955	REGISTRAR'S SIGNATURE Carl W. Lorian	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 3840 Lindell St. Louis 8 Mo.
---	---	--

mjs (Licensed Embalmer's Statement on Reverse Side)

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 46

P. O. Address 3840

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.