

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45665
STATE FILE NUMBER
11820

FILED DEC 30 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11820

V. S. 300
ev. 1-57

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|---|----------------------------------|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 26 St. Louis Chronic Hospital | | Length of stay in 1b 8 yrs 4 3/4 | d. STREET ADDRESS 5800 Arsenal, St. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Dr. Edward Middle H. Last Brune | | | 4. DATE OF DEATH Month Dec. Day 6, Year 1957 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 7, 1885 | 9. AGE (In years last birthday) 72 | F UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Veterinary | | 10b. KIND OF BUSINESS OR INDUSTRY Veterinarian | 11. BIRTHPLACE (City and state or country) Josephville, Missouri. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Gerhardt Brune | | 13b. MOTHER'S MAIDEN NAME Mary Lanhenke | | 14. NAME OF HUSBAND OR WIFE | |
| 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 Address Vincent Brune, Wentzville, Mo. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Pulmonary Infections | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause: (a), stating the underlying cause last. | | | | | DUE TO (b) Multiple Pulmonary Emboli |
| DUE TO (c) Mural Thrombus, right auricle | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Left Subdural Hematoma | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter part of injury in PART I, and PART II, item 18.) Chronic Hospital on September | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. 9 23 57 p.m. 23, 1957 | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, shop, office bldg., etc.) Shop | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION St. Louis Mo | | COUNTY 45 STATE | |
| 21: I attended the deceased from 1245 P and last saw her alive on 000 Death occurred at 1245 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE Patrick J. Taylor Coroner | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 12.9.57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 12-8-57 | 23c. NAME OF CEMETERY OR CREMATORY St. Patrick Cemetery | | 23d. LOCATION (City, town, or county) Wentzville, Mo. (State) | |
| 24. FUNERAL DIRECTOR T. J. Pitman, Wentzville, Mo. | | | 25. DATE RECD. BY LOCAL REG. DEC 9 57 | 26. REGISTRAR'S SIGNATURE Carl Smith MO | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 John J. Haines
Licensed Embalmer No. 4108
P. O. Address W. H. Haines

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.