

FILED FEB 14 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2706**
Registrar's No. **99**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **4000**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Mo. Baptist Hospital

e. STREET ADDRESS (If rural, give location)
27 Fox Creek Road RFD #1

3. NAME OF DECEASED (Type or Print)
a. (First) **Henry** b. (Middle) **Brundick** c. (Last) **Brundick** 4. DATE OF DEATH (Month) (Day) (Year)
Jan. 2, 1958

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
never married 8. DATE OF BIRTH **June 23, 1876** 9. AGE (In years last birthday) **81** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
farmer 10b. KIND OF BUSINESS OR INDUSTRY **farmer** 11. BIRTHPLACE (City and State or Foreign Country)
Pacific, Mo. 12. CITIZEN OF WHAT COUNTRY?
U.S.

13a. FATHER'S NAME **Frederick Brundick** 13b. MOTHER'S MAIDEN NAME **Catherine Klump.** 14. NAME OF HUSBAND OR WIFE **Fred Zeiger**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Fred Zeiger** ADDRESS **Pacific, 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, ashenia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Lobar Pneumonia** INTERVAL BETWEEN ONSET AND DEATH **7 days**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Prostatic Hypertrophy & Hematuria**
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **490X** 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to **Jan 1st**, 19**58**, that I last saw the deceased alive on **Jan 1**, 19**58**, and that death occurred at **11: P** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. S. Puffer, D.O.** 23b. ADDRESS **Pacific Mo.** 23c. DATE SIGNED **1-3-58**

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE **Jan. 6-1958** 24c. NAME OF CEMETERY OR CREMATORY **St. Bridgets Cemetery** 24d. LOCATION (City, town, or county) (State)
Pacific Mo.

DATE REC'D BY LOCAL REG. **JAN 6 '58** REGISTRAR'S SIGNATURE **Charles Smith Mo** 25. FUNERAL DIRECTOR'S SIGNATURE **Mrs. John L. Thabe** ADDRESS **Pacific, Mo.**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 14 1958

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 *Ralph Ottmann*.....

Licensed Embalmer No... 450

P. O. Address... Union...

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.