

MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9668 -61-038354
9668
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **9668**

FILED NOV 8 1961

| | | | |
|---|--|---|---|
| 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 | | Length of stay in 1b 5 minutes | 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 St. Louis City Hospital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 4223 Pleasant Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | |
|--|---|
| 3. NAME OF DECEASED (Type or print) First August Middle F Last Brune | 4. DATE OF DEATH Month October Day 18 Year 1961 |
|--|---|

| | | | | | | |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|------------------------------|
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 8-2-1882 | 9. AGE (last birthday) 79 | IF UNDER 1 YEAR Months Days Hours Min. | IF UNDER 24 HR Hours Min. |
|-----------------------|----------------------------------|---|-------------------------------------|-------------------------------------|---|------------------------------|

| | | | |
|---|--|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired) | 10b. KIND OF BUSINESS OR INDUSTRY Freund Bakery Co | 11. BIRTHPLACE (City and state or country) Hannibal, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
|---|--|---|--|

| | | |
|---|---|--|
| 13a. FATHER'S NAME Carl Brune | 13b. MOTHER'S MAIDEN NAME Charlotte Krallmann | 14. NAME OF HUSBAND OR WIFE Louise Brune |
|---|---|--|

| | |
|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 17. INFORMANT Address Mrs. Louise Brune, 4223 Pleasant Street |
|---|---|

| | |
|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE | INTERVAL BETWEEN ONSET AND DEATH 2 yrs. |
|--|---|

| |
|---|
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 420.0 |
|---|

| | |
|---|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|---|--|

| | | |
|---|---|--|
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
|---|---|--|

| | |
|---|------------------------|
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year _____ |
|---|------------------------|

| | | |
|--|--|--|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE |
|--|--|--|

21. I attended the deceased from **April 1958** to **Oct. 1961** and last saw **BE** him alive on **MARCH 13, 1961**
Death occurred at **11 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|---|---|-------------------------------------|
| 22a. SIGNATURE (Degree or title) William A. Pung M.D. | 22b. ADDRESS 3720 Glasgow Ave | 22c. DATE SIGNED 10/19/61 |
|---|---|-------------------------------------|

| | | | |
|--|----------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct 23, 1961 | 23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 23d. LOCATION (City, town, or county) St. Louis Missouri |
|--|----------------------------------|--|--|

| | | |
|---|--|--|
| 24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave | 25. DATE RECD. BY LOCAL REG. OCT 19 1961 | 26. REGISTRAR'S SIGNATURE Loan Smith, M.D. |
|---|--|--|

RATE AMENDED 1/2
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

O.K.
 Helen S. Taylor
 Coroner 10/20/61

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 *Clement McManis*

Licensed Embalmer No. *3732*

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.