MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016633
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4627

FILED MAY 10 1962

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis
Length of stay in 1b: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: ~~Lutheran Hospital~~
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Berkley 34, Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5916 Stoneham
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Laura Middle: – Last: Brunnert
4. DATE OF DEATH: Month 5 Day 6 Year 62
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-6-62
9. AGE (last birthday): Birth
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours 1 Min. 38
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): St. Louis 18, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Brunnert
13b. MOTHER'S MAIDEN NAME: Kathleen Oates
14. NAME OF HUSBAND OR WIFE: None
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: Kathleen Oates Address: 5916 Stoneham, Berkley Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Premature, ~~not~~
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Premature Labor
DUE TO (c): 776x
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): none
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 ____, to ____ and last saw her/him alive on ____
Death occurred at 3:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): W. M. Komanetsky MD
22b. ADDRESS: 5005 S Kingshighway St Louis 10
22c. DATE SIGNED: 5-6-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/7/62
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St. Louis, Mo.
24. FUNERAL DIRECTOR ADDRESS: E.J.Schnur 3125 Lafayette
25. DATE RECD. BY LOCAL REG.: MAY 7 1962
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	24010	38	
3			
4	1		
5	0		
6			
7	0		
8	2		
9			
10			
11			
12	65-0		
13			
	65		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

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 NO EMBALMING, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed E. J. Schmer

Licensed Embalmer No._____

P. O. Address_____

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.