N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 761

Township ..... Primary Registration District No. 1002

City St. Louis (No. Deaconess Hospital St. ..... Ward)

File No. 24653

Registered No. 6049

2. FULL NAME Charlotte Brune

(a) Residence, No. 3953 Greer St., 10 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J. H. W. Brune

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	10	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Missouri

FATHER

13. NAME Herman Buddemeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Dorothea Brune

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) J. H. W. Brune 3953 Greer ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 7-12 1933

19. UNDERTAKER (ADDRESS) Trovost Und. Co. 3710 N. Grand Blvd.

20. FILED JUL 11 1933 19 J. F. Bredeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1933.

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1933, to July 10, 1933

I last saw her alive on July 9, 1933. Death is said to have occurred on the date stated above, at 7:55 A.m.

The principal cause of death and related causes of importance were as follows:

Mitral regurgitation with failing compensation
92A
95B
110B

Date of onset

99A

Other contributory causes of importance:
Pleurisy with effusion from cardiac embolism

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) H. A. Uhlemeyer, M. D.

(Address) 1511 E Grand Bl

Dr. Uhlemeyer
1511 E. Grand 9-10 A.M.