APR 9 1937

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

Do not use this space.

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File No.
Registered No. 2447

1. PLACE OF DEATH

County
Township
City St. Louis (No. 2340 Louisiana Ave. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME George H. Brungard

(a) Residence, No. 2340 Louisiana Ave. St., 17 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frances Brungard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27th. 1878

7. AGE: 58 YEARS, 5 MONTHS, 1 DAYS. If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lynn Meat Co.
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) St. Louis, Mo.

FATHER
13. NAME Joseph Brungard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Fredericka Schaefer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Frances L. Brungard
(ADDRESS) 2340 Louisiana Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mar. 3. 1937

19. UNDERTAKER Wacker-Helderle
(ADDRESS) 2331 S. Broadway

20. FILED MAR 2 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28th. 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1937, to Feb 28, 1937
I last saw him alive on Feb. 28, 1937. Death is said to have occurred on the date stated above, at 4.45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr. Myocarditis	1 year
aortitis non Specific	2
Chr. Valvular Heart Disease	1 year
Other contributory causes of importance: Delerium Tremens 92a	Feb 6 to Feb 3

Name of operation No operation Date of
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury, 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no
Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Henry P. Lynn, M. D.
(Address) 514 Metropolitan Bldg

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.

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