

JAN 10 1938

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

43182  
Do not use this space.

791 /  
1003 /

1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. **11432**  
(c) City ..... (d) Street No. **JOSEPHINE HOSPITAL** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **ELIZABETH BRUNS**

(a) Residence, No. **5071 WASHINGTON BLVD.** St. **12**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **HENRY BRUNS**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 7 1870**  
7. AGE YEARS **67** MONTHS **3** DAYS **4** IF LESS than 1 day, .....hra. or .....min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as law mill, bank, etc. **HOUSE WORK**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation **230**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO. 1**

FATHER 13. NAME **JOHN WEGESCHIDE**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY 10**

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY 10**

17. INFORMANT **FRANK BRUNS**  
(ADDRESS) **5071 WASHINGTON BLVD**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY CEMETERY** DATE **DEC 14, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **27th St. Louisville**

20. FILED **DEC 13 1937** **J. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-11-37** 19**37**  
22. I HEREBY CERTIFY, That I attended deceased from **Nov 30, 1937** to **Dec 11, 1937**  
I last saw him alive on **Dec 11, 1937**. Death is said to have occurred on the date stated above, at **9:00** a.m.  
The principal cause of death and related causes of importance were as follows:

**Cerebral Hemorrhage** Date of onset **108**

Other contributory causes of importance  
**Ordered lungs Hypostatic lobar pneumonia**  
Name of operation **no** Date of operation .....  
What test confirmed diagnosis? **all symptoms** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?  Date of injury **1937**  
Where did injury occur? **St. Joseph Hospital** (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 **no**

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify .....  
(Signed) **J. O. Thurman** M. D.  
(Address) **6753 Page**

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.

877

STATEMENT BY LICENSED EMBALMER

I, Charles Goodhart

Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Charles Goodhart

Licensed Embalmer No. 2777

**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.)**