

1939 APR 10 1939

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

10359  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 125  
 (b) Township " Primary Registration District No. 3009  
 (c) City " (d) Street No. 721 Morgan Oak 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

(a) Residence, No. 721 Morgan Oak St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

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) Sophie Brunke  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13 - 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
74 3 23  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cape Taker  
 9. Industry or business in which work was done, as saw mill, bank, etc. of Bowling Alley  
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939, to March 8, 1939  
 I last saw him alive on March 8, 1939. Death is said to have occurred on the date stated above, at 10:30 m.  
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Date of onset 1938

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hergethum Braunshelting Germany  
 FATHER 13. NAME Andrew Brunke  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hergethum Braunshelting Germany  
 MOTHER 15. MAIDEN NAME Johanna Vogelshelting  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hergethum Braunshelting Germany  
 17. INFORMANT (ADDRESS) Albert Brunke Cape Girardeau, Mo  
 18. BURIAL, CREMATION OR REMOVAL PLACE Louis Cemetery DATE Mar 11, 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edberg Firm & Sons Cape Girardeau, Mo  
 20. FILED 3-8, 1939 J.M. Thompson Local Registrar

Other contributory causes of importance: Apoplexy 3-3-39  
 Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury  
 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? No  
 If so, specify  
 (Signed) W.A. Schwen, M. D.  
 (Address) Cape Girardeau, Mo

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.

**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, .....

*C. J. Lorberg*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*C. J. Lorberg*

.....

*3810*

P. O. Address.....

*Cape Girardeau, Mo.*

**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 this body is not embalmed, above space should be left blank.**