

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.

JAN 12 1940 791

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH: 1000
(a) County 2
(b) City or town St. Louis
(c) Name of hospital or institution: 3315 North 9th St.
(d) Length of stay: In hospital or institution no
In this community no years, months or days

8. (a) PRINT FULL NAME Mary Brunger 652.
8. (b) If veteran, name war no
8. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Frederick Brunger
6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased March 26 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 19
If less than one day hr. _____ min. _____

9. Birthplace not known at home Germany
(City, town, or county) (State or foreign country)

10. Usual occupation 6

11. Industry or business none

MOTHER FATHER { 12. Name not known 9
13. Birthplace not known 9
(City, town, or county) (State or foreign country)
14. Maiden name not known 1
15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Julia Brunger
(b) Address 3315 North 9th St.

17. (a) burial (b) Date thereof 12-18-39
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Frieden's

18. (a) Signature of funeral director A. R. ...
(b) Address 2707 North Grand Bl.

19. (a) DEC 16 1939 (b) J. P. ...
(Data received local Registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri (b) County _____
(c) City or town St. Louis, Ninth St. 26
(d) Street No. 3315 North Ninth St.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1939 hour 8 minutes 15 A. M.
21. I hereby certify that I attended the deceased from Dec. 11, 1939, to Dec. 14, 1939, that I last saw him alive on Dec. 14, 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia
Due to Cold - 1070
Other conditions none
(Include pregnancy within 3 months of death)

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury 1st D.
23. Signature Beau A. Merrett (M. D. or other) M.D.
Address 4132 W. Pleasant Date signed 1/14/39

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

Signed *R. C. F. Kowles, Calif*

Licensed Embalmer No. *2031*

P. O. Address *270791 - Grand*

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.