

Registration District No. 789Primary Registration District No. 111Registrar's No. 385

1. PLACE OF DEATH:

- (a) County Clayton Jordan
(b) City or town Rede Hope
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days)3. (a) PRINT FULL NAME ELIZABETH LILLIAN BRUNS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased DEC 9 1893
(Month) (Day) (Year)8. AGE: Years 46 Months 2 Days 13 If less than one day _____
hr. _____ min. _____9. Birthplace Mo. (City, town, or county) (State or foreign country)10. Usual occupation CLERK UNIVERSITY CITY CITY HALL

11. Industry or business _____

12. Name WILLIAM BRUNS13. Birthplace Mo. (City, town, or county) (State or foreign country)14. Maiden name EMMA EHRICH15. Birthplace Mo. (City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Emma Bruno(b) Address 2515-A ST LOUIS AVE17. (a) BURIAL (b) Date thereof 2, 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation ST PETERS18. (a) Signature of funeral director J. M. Mullen(b) Address 5165 DELMAR BLVD19. (a) 2-23-40 (b) R. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County _____
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2515-A ST LOUIS AVE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 22 day 22
year 1940 hour 9:02 minute _____ M.21. I hereby certify that I attended the deceased from Oct 9
1940 to Feb 22, 1940that I last saw her alive on Feb 21, 1940
and that death occurred on the date and hour stated above.Immediate cause of death inoperable Duration _____Carcinoma of Cervix
uteri with metastasesDue to in liver, intestines,
and left leg

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy Partial autopsy performed
above finding Feb 22, 1940

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)

(b) Means of injury _____

23. Signature Leo J. Seefeld (M. D. or other) _____Address 6675 Delmar Blvd. City Date signed _____

COPYING BLACK INK—MAKE A PERMANENT RECORD

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.

*Dr. Fitzpatrick
2677 Delmar
1/20
177*

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..... *Howard F. Rowland.*

Licensed Embalmer No. 3114

P. O. Address.....

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.