

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **10471**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Overland
(If outside city or town limits, write "RURAL") N.I.R.
(d) Street No. 9226 Niblic Dr.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME: Agnes R. Brundage

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife David W. Brundage 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased July 6, 1887
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
53 5 13 hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Theodore Klages

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rose Mode

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant David W. Brundage

(b) Address 9226 Niblic Dr., Overland, Mo.

17. (a) Cremation (b) Date thereof 12/21/40
(Burial, cremation, or removal) (Month) (Day) (Year)
Valhalla Crematory

(c) Place: burial or cremation _____
18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) DEC 20 1940 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19
year 1940 hour 10 minute P M.

21. I hereby certify that I attended the deceased from DECEMBER
1, 1940, to DEC 19, 1940;
that I last saw her alive on 12-19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death INTESTINAL OBSTRUCTION Duration 3 weeks

Due to Generalized Peritonitis 1 M.D.

Due to Ruptured Appendix 1 yr.

Other conditions ABSCCESS OF LIVER 6 DAYS
(Include pregnancy within 3 months of death)

Major findings: Ruptured Viscera in
Of operations THREE PLACES
Of autopsy NONE Performed

PHYSICIAN
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____

23. Signature Herman Klages (M. D. or other) M.D.
Address 9621 LACM LAND Date signed 12-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.....

Signed..... *Stromy Eynck*

Licensed Embalmer No. *1284*

P. O. Address *St Louis 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, fact should be so stated above.