

No. 2
4-13-40
5-17-39
P1 X2

Ch 1654

4348

State File No. _____

FEB 14 1941

Registration District No. _____

Primary Registration District No. 200

Registrar's No. 161

1. PLACE OF DEATH: St. Louis County
 (a) County St. John's Station
 (b) City or town St. John's Station
 (c) Name of hospital or institution: 2707 Walton Rd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 83 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME William Brunsmann Sr.
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife late Mary Brunsmann
 6. (c) Age of husband or wife if alive 2nd. 1856 years
 7. Birth date of deceased Feb. (Month) 2nd. (Day) 1856 (Year)

8. AGE: Years 85 Months 11 Days 19
 If less than one day hr. min.

9. Birthplace Germany
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired - Farmer

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gusta Niefergantz
 (b) Address 2711 Walton Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-24-1941
 (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director H. J. Ludwig, Und. Leo
 (b) Address 2223 St. Louis Ave.

19. (a) JAN 22 1941 (Date received for registration)
 (b) R. Meyer, M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 96
 (c) City or town St. John's Station-
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2707 Walton Road
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 83 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st.
 year 1941 hour 8 minute 50 PM. M.

21. I hereby certify that I attended the deceased from June, 1938 to Jan 17, 1941;
 that I last saw him alive on Jan 17, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
 Duration _____

Due to _____
 Due to _____

Other conditions Arterio Sclerosis Ch. Hypertensio
Ch. Pulmonum Bronchitis
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy No 131B
 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) No
 (b) Date of occurrence No.

(c) Where did injury occur? No. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? No.

While at work? No. (Specify type of place)
 (e) Means of injury _____

23. Signature R. Meyer, M.D. (M. D. or other) 1/23/41
 Address 3919 W. Florschaft Date signed

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

96000

Bernstoff - 1 To - 3

3919 W. Flourissant Ave

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.