No. 2
4-13-40
5-17-39
P I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12033

FILED APR 8 1941

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 586

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

1. PLACE OF DEATH:
(a) County: ST LOUIS
(b) City or town: Overland (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2989 EDGAR (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 18 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: ST. LOUIS
(c) City or town: OVERLAND (If outside city or town limits, write "RURAL")
(d) Street No.: 2989 EDGAR (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: CATHERINE M. BRUNER
3. (b) If veteran, name war: NONE
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: JOHN BRUNER
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: JULY (Month) 15 (Day) 1874 (Year)

8. AGE: Years 66 Months 8 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace: ST LOUIS (City, town, or county) MO (State or foreign country)
10. Usual occupation: HOUSEWIFE
11. Industry or business: AT HOME

MOTHER FATHER
12. Name: REINHOLD FLOHR
13. Birthplace: ST LOUIS (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: JOHN BRUNER
(b) Address: 2989 EDGAR AVE
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation: VALHALLA CEMETERY
18. (a) Signature of funeral director: BAUMANN BROTHERS
(b) Address: 2504 Woodson Rd OVERLAND
19. (a) MAR 17 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th year 1941 hour 12 minute 08 M.
21. I hereby certify that I attended the deceased from Oct 1940 to March 15 1941, that I last saw her alive on March 15 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	
Due to Arteriosclerosis	
Due to GI C	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy No.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: Merle Bowe (M. D. or other)
Address: 1492 Hodiamont Date signed: 3/16/41

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 2504 Woodson Overland 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.