

No. 2  
4-13-40  
5-17-39  
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FILED MAY 13 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12895

791

Primary Registration District No. 1003

Registrar's No. 3325

Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: St. Louis.  
(a) County St. Louis, Mo.  
(b) City or town  
(c) Name of hospital or institution: City Infirmary.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution September 17, 1941  
In this community 65yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME August Brunø.  
3. (b) If veteran, name war. Cannot say. 3. (c) Social Security No.

4. Sex Male 0 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 alive \_\_\_\_\_ years  
7. Birth date of deceased September 15, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 5 Days 7 If less than one day hr. min.

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

10. Usual occupation Laborer.

11. Industry or business X

MOTHER FATHER { 12. Name Unknown  
13. Birthplace " 9  
14. Maiden name " G  
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant E. Moloney  
(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 4-17-41 (Month) (Day) (Year)  
(c) Place: burial or cremation City Green

18. (a) Signature of funeral director  
(b) Address City Infirmary

19. (a) APP 17 1941 (b) J. J. Bredbeck (Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000  
(a) State Mo. (b) County St. Louis.  
(c) City or town St. Louis. 113  
(If outside city or town limits, write "RURAL")  
Street No. 5800 Arsenal St. (If rural, give location)  
(e) If foreign born, how long in U. S. A.? American. 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 8, year 1941 hour 9:00 minute a. M.  
21. I hereby certify that I attended the deceased from September 17, 1941 to April 8, 1941; that I last saw him alive on April 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac decompensation, Arteriosclerotic heart disease  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Generalized arteriosclerosis (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 Robert E. Shuck (M. D. or other) \_\_\_\_\_  
Address 5800 Arsenal Date signed 4/14/41

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

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**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.....

Licensed Embalmer No.....

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, fact should be so stated above.**