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Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 7 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9971

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

200  
17  
9

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Pronounced dead at City Hospital  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County ST. LOUIS

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 1626 Park Av.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Clarence L. Brunns

(b) If veteran, name war no.

(c) Social Security No. 1195-18-982

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28  
year 1942, hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

4. Sex male 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: Jan 31 1923  
(Month) (Day) (Year)

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Basal Fracture of Skull;  
Hemorrhage of Pituitary gland; when the motorcycle which he was driving

8. AGE: Years 19 Months 9 Days 28  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to collided with an automobile driven by one Albert Henry Pishher at the intersection of Magnolia and Nebraska Aves. about 2:25 A.M. Nov. 28.

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

Other conditions 1942  
(Include pregnancy within 3 months of death)

10. Usual occupation Truck Driver

Major findings:  
NO operations.

11. Industry or business Lue King Transfer Co.

Of autopsy Pending

12. Name Joseph Brunns

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

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

14. Maiden name Margaret Bischoff

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

16. (a) Informant Joseph Brunns

(b) Address 1626 Park Av.

17. (a) Burial (b) Date thereof 12-1-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem. With Bio. & No.

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address 2929 S. Jefferson Av.

19. (a) NOV 30 1942 (Date received local registrar)

J. J. Brunns (Registrar's signature)

OT (Licensed Embalmer's Statement on Reverse Side)

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

(a) Accident, suicide, or homicide (specify) Accident 000

(b) Date of occurrence Nov. 28, 1942

(c) Where did injury occur? St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In Public Place  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 3

23. Signature Thomas J. Callahan  
Address Deputy Coroner Date signed 11-28-42

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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 *Gustav W. Dinterle*.....

Licensed Embalmer No. *4329*.....

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.**