S. No. 2
11-10-39
5-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11339

FILED APR 5 1943

Registration District No. 7847

Primary Registration District No. 200

Registrar's No. 547

1. PLACE OF DEATH:

(a) County St. Louis County

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

(c) Name of hospital or institution:
Mother of Good Counsel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6825 Natural Bridge Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? / years

3. (a) PRINT FULL NAME Catherine Brunsmann

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ferdinand Brunsmann

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Oct. (Month) 25 (Day) 1866 (Year)

8. AGE: Years 76 Months 4 Days 17 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 --

FATHER
12. Name John Reihnel
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Eva Tremmel
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Ferdinand Brunsmann
(b) Address De Soto, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Guy Millen Chapel
(b) Address 5041 Delmar

19. (a) MAR 7 1943 (Date received by local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1943 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from February 27th, 1943, to February 28th, 1943; that I last saw her alive on February 28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Cancer	
Surgical Colostomy of Area of Sigmoid (Inoperable Case)	
Due to	?
	?
Due to	?
(Died in Home of Incurables) Came there from Little Flower Retreat	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Ca. intestinal

Of autopsy None

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 Dr. Luke B. Tiernon (M.D. or other)
Address 3718 Jennings Road

DR. LUKE B. TIERNON
3718 JENNINGS ROAD
ST. LOUIS MO.

OCT 18 1943

APR 5 1943

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 John Ketter

Licensed Embalmer No. 3880

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, above space should be left blank.