

FILED SEP 28 1943
Registration District No. 318

Primary Registration District No. 1003

8206

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

1. PLACE OF DEATH:

(a) 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:
3733 French Ave /
(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 **Missouri** (b) County _____
(c) City or town **St Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3733 French Ave**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Esther Brunner**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 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: **April 20 1911**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
32	5	2	hr. _____ min. _____

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

10. Usual occupation **Stenographer**

11. Industry or business **Goodyear Rubber Co**

12. Name **Adolph Brunner**

13. Birthplace **Maxwell Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Callie Gibson**

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

16. (a) Informant **Adolph Brunner**
(b) Address **3733 French Ave**

17. (a) **Burial** (b) Date thereof **9-15-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Trinity Cemetery**

18. (a) Signature of funeral director **Belderwieden Funl Home Inc**

(b) Address **1936 St. Louis Ave**

19. (a) **SEP 15 1943** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **12**
year **1943** hour **7** minute **40 P.**

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**
Paroxysmal when deceased was found lying on floor in kitchen near range with four gas burners lit in on gas & heater over bed. Dead at his home - Sept. 12 1943 about 7.30 PM

Other conditions **while suffering temporary mental aberration**
(Include pregnancy within 3 months of death)
Major findings:
Of operations **None**
Of autopsy **None**

Duration _____
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) **Suicide**
(b) Date of occurrence **Sept 12 1943**
(c) Where did injury occur? **at home**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

While at work? **no** (Specify type of place) (c) Means of injury **Gas**
23. Signature **Alfred J. Perry** (M. D. or other) _____
Address **Regent Court** Date signed **9/15/43**

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..... *Felix J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *1936 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.