

No. 2  
-12-45  
5-17-39  
I X47070

State File No. 10614  
Registrar's No. 2123

FILED MAR 31 1947  
318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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:  
4884 Hamburg  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community life  
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. 4884 Hamburg  
(If rural, give location)

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

3. (a) PRINT FULL NAME Anna Brunsmann

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th  
year 1947 hour 10 minute 95 P. M.

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased Sept. 3 1868  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 11th, 1947, to March 18th, 1947  
that I last saw her alive on March 17th, 1947  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>6</u>	<u>10</u>	hr. min.

Immediate cause of death Arterio Sclerotic Heart Disease

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace High Ridge Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

Other conditions Arteriosclerosis 1 yr.  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name Francis Frank

13. Birthplace not known not known  
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known not known  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations no

Of autopsy no

16. (a) Informant Antohony Brunsmann

(b) Address 4884 Hamburg

17. (a) burial (b) Date thereof 3/22/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

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? \_\_\_\_\_

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) MAR 21 1947 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)<sup>1A</sup>  
(c) Means of injury \_\_\_\_\_

23. Signature W. H. Walters (M. D. or D.O.) XXXX

Address 3608 S. Grand Blvd. Date signed 3/20/47

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

MOTHER FATHERS

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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

*Frank J. Owens*

Licensed Embalmer No.

*7245*

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.**