

FILED SEP 2 1947 318

Primary Registration District No. 1003

Registrar's No. 7937

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

17
9

1. PLACE OF DEATH:
 (a) County ST LOUIS MISSOURI
 (b) City or town _____
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution Barnes Hospital, 0
 (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

3. (a) PRINT FULL NAME John Bruntjen
 3. (b) If veteran, name war No
 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mary Bruntjen
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased February 9 1884
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 6 11 hr. min.

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

10. Usual occupation Retired

11. Industry or business Farmer

12. Name Frederick Bruntjen

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Kaiser

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Bruntjen

(b) Address Harvel, Ill.

17. (a) Removal (b) Date thereof 8-21-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harvel, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 21 1947 J. F. Bradley
 (Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Illinois (b) County Montgomery
 (c) City or town Harvel
 (If outside city or town limits, write "RURAL")
 (d) Street No. U.R. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 20
 year 1947 hour 6 / 55 minute P M.
 21. I hereby certify that I attended the deceased from 7/30/47
 _____, 19____, to 8/20/47, 19____;
 that I last saw him alive on 8/20/47, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Heart failure</u>	
Due to <u>progressive debilitating</u>	
<u>Benign prostatic hyperplasia</u>	
Due to _____	
Other conditions _____ (Include pregnancy within 3 months of death)	
Major findings: Of operations _____	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy _____	

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 F. B. Bradley (M. D. _____)
 Address Barnes Hospital Date signed 8-20-47

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 S. Kennedy

Licensed Embalmer No.....

4194

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.