

Registration District No. 318 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: Richards General
 (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) 23 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson
 (c) City or town Hematite
 (If outside city or town limits, write "RURAL")
 (d) Street No. N.R. (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Hattie E. Brunk
 (b) If veteran, name war _____ (c) Social Security No. _____
 4. Sex F / 5. Color or race W
 6. (b) Name of husband or wife Earl 6. (c) Age of husband or wife if
 alive 62 years
 7. Birth date of deceased 7 16 1885
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 20
 year 1947 hour 9.30 minute a. M.

21. I hereby certify that I attended the deceased from 9-27, 1947, to 10-20, 1947
 that I last saw her alive on April 20, 1947,
 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of Bowel Duration
Carcinoma Sigmoid
Colon

Due to Superimposed on diverticulosis of colon
 Due to _____

Other conditions: H/O
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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

8. AGE: Years 62 Months 3 Days 4 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Andrew S. Brunk

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

14. Maiden name Mary W. Brunk

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

16. (a) Informant E. B. Brunk

(b) Address Hematite Mo

17. (a) Burial (b) Date thereof 10-22-47
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette Mo

18. (a) Signature of funeral director Fink Udick

(b) Address Festus Mo

19. (a) OCT 23 1947 (b) J. F. Bredek
 (Date received local registrar) (Registrar's signature)

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?
 While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Sherr Stewart (M. D. or other)

Address 4660 Maryland Date signed 10/20/47

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

9816

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 Eleana Province.....

Licensed Embalmer No. 3403.....

P. O. Address Festus 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.