

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)
 In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 3921 Pennsylvania
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR. FREDERICK W. BRUNE

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-03-673A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mrs. Bertha Kraft Brune 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased June 27, 1877
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Operating Engineer
 11. Industry or business Construction

12. Name Ernst F. Brune
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Marie Melcher
 15. Birthplace Evansville Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertha Brune
 (b) Address 3921 Pennsylvania
 17. (a) Burial (b) Date thereof Nov. 12, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.
 (b) Address 1936 St. Louis Avenue

19. (a) NO 1947 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10 year 1947 hour 2 minute 20 A. M.
 21. I hereby certify that I attended the deceased from 1945 to Nov 10, 1947
 that I last saw him alive on Nov 10, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2 weeks

Due to General arteriosclerosis + Hypertension 2 yrs

Other conditions 82
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy _____
 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? _____

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

23. Signature Moris Herman (M. D. or other) MD
 Address 3701 Grand Square Date signed 11/15/47

12

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~~ alone

....., Registered Apprentice No.
working under my personal supervision.

Signed Felix J. Krupnik

Licensed Embalmer No. 3497

P. O. Address 1936 St Lane

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.