

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30625**

FILED OCT 1 1951

BIRTH NO. _____ REG. DIST. NO. **162** PRIMARY REG. DIST. NO. **5594** Registrar's No. **73**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN (DITTMER) Meramec		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DITTMER MO 0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION OWN HOME MERAMEC TOWNSHIP		d. STREET ADDRESS (If rural, give location) MERAMEC TOWNSHIP 0	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) H. c. (Last) BRUNS		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 16-1951	
5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1	8. DATE OF BIRTH OCT. 3-1873
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY GROCERY	9. AGE (In years last birthday) 77-11-13 IF UNDER 1 YEAR: Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) DITTMER MO 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HERMAN O. BRUNS		13b. MOTHER'S MAIDEN NAME ANNA KARSTEN	
14. NAME OF HUSBAND OR WIFE BERTHA M. BRUNS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 499-26-4446		17. INFORMANT'S SIGNATURE OR NAME Neil G. Bruns Dittmer Mo ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Labor Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 490X 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from Sept-15th , 1951, to 16th , 1951, that I last saw the deceased alive on Sept 16 , 1951, and that death occurred at 7:20 a.m. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) T. B. Edwards M.D.		23b. ADDRESS Ordor Hill, Mo	
23c. DATE SIGNED 9/17/51		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 9/18/51		24c. NAME OF CEMETERY OR CREMATORY St. Martin's Cem.	
24d. LOCATION (City, town, or county) Dittmer		24e. STATE Mo	
DATE REC'D BY LOCAL REG. 9/22/51		REGISTRAR'S SIGNATURE Ruth J. Isaac 438	
25. FUNERAL DIRECTOR'S SIGNATURE Wm. C. Summers		ADDRESS House Spring Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 1951

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 9-25-51

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

John H. Brunner

Signed.....
Student Embalmer

Licensed Embalmer No. 1470

P. O. Address *House Spring Rd*

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.