

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29510**

FILED AUG 31 1953

BIRTH NO. _____ REG. DIST. NO. **273** PRIMARY REG. DIST. NO. **3051** Registrar's No. **82**

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|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Perryville Mo.) | | c. CITY OR TOWN Rural | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 1 Day | | e. STREET ADDRESS (If rural, give location) 0169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Perry Co. Memorial Hospital | | | |

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|---|-------------------------------|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Frederich | | b. (Middle) J. | | c. (Last) Brune | | 4. DATE OF DEATH (Month) (Day) (Year) Aug. 8 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Dec 5 1870 | | 9. AGE (in years last birthday) 82 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Cape Girardeau Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|--|--|--|---|--|
| 13a. FATHER'S NAME Christian Brune | | 13b. MOTHER'S MAIDEN NAME Mary Sewing | | 14. NAME OF HUSBAND OR WIFE Emelia Vogt Brune | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter Brune Friedheim Mo. | |

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| 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 | | INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral apoplexy | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|---|--|--|--|--|--|
| 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) 334X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 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 **7 Aug, 1953**, to **8 Aug, 1953**, that I last saw the deceased alive on **8 Aug 5:30**, 19**53**, and that death occurred at **4:50 A.M.**, from the cause and on the date stated above.

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|--|--|-----------------------------------|--|--|--|
| 23a. SIGNATURE (Degree or title) James Beal, M.D. | | 23b. ADDRESS St. Louis, Mo | | 23c. DATE SIGNED 8 Aug 53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Aug 10 1953 | | 24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery | |
| | | | | 24d. LOCATION (City, town, or county) (State) Friedheim Mo. | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 8-10-53 | | REGISTRAR'S SIGNATURE Joe J. Zillner | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville Mo | |
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(Licensed Embalmer's Statement on Reverse Side)

0.791
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edward G Young*.....

Licensed Embalmer No. *2138*.....

P. O. Address *Perryville m*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.