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FILED AUG 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23340**  
83  
Registrar's No. **83**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **306** PRIMARY REG. DIST. NO. **6048**

**1. PLACE OF DEATH**  
a. COUNTY **St. Charles**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. CITY **St. Charles**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **O'Fallon** c. LENGTH OF STAY (in this place) **6 years**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **O'Fallon**

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Mary's Institute** e. STREET ADDRESS (If rural, give location) **St. Mary's Institute**

**3. NAME OF DECEASED**  
a. (First) **Sr. M. Victoria** b. (Middle) \_\_\_\_\_ c. (Last) **Brunner**

**4. DATE OF DEATH** (Month) (Day) (Year) **July 26 1955**

**5. SEX** **Female** **6. COLOR OR RACE** **White** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** **Never married**

**8. DATE OF BIRTH** **March 9, 1872** **9. AGE** (In years last birthday) **83** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) **Housework** **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_

**11. BIRTHPLACE** (State or foreign country) **Wolpadingen, Germany** **12. CITIZEN OF WHAT COUNTRY?** **U.S.A.**

**13a. FATHER'S NAME** **Peter Brunner** **13b. MOTHER'S MAIDEN NAME** **Cunigunda Kaiser** **14. NAME OF HUSBAND OR WIFE** \_\_\_\_\_

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) **NO** (If yes, give war or dates of service) \_\_\_\_\_ **16. SOCIAL SECURITY NO.** \_\_\_\_\_ **17. INFORMANT'S SIGNATURE OR NAME** **S. Mary Alicia, P.P.S.** **ADDRESS** **O'Fallon, Mo.**

**18. CAUSE OF DEATH**  
Enter only one cause per line for (a), (b), and (c)  
**MEDICAL CERTIFICATION**  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **CORONARY OCCLUSION** INTERVAL BETWEEN ONSET AND DEATH **38 hrs**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) **CORONARY ATHEROSCLEROSIS**  
DUE TO (c) **4201**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. **CEREBRAL VASCULAR ACCIDENT**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** \_\_\_\_\_ **20. AUTOPSY?** YES  NO

**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) \_\_\_\_\_ **21e. INJURY OCCURRED WHILE AT WORK**  **NOT WHILE AT WORK**  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **23 July, 1955**, to **25 July, 1955**, that I last saw the deceased alive on **25 July, 1955**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

**23a. SIGNATURE** **Gene V. DeMonte** (Degree or title) **M.D.** **23b. ADDRESS** **O'Fallon, Mo.** **23c. DATE SIGNED** **28 July 55**

**24a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **24b. DATE** **July 29 '55** **24c. NAME OF CEMETERY OR CREMATORY** **Resurrection** **24d. LOCATION (City, town, or county) (State)** **O'Fallon Mo**

**DATE REC'D BY LOCAL REG.** **July 29 - 55** **REGISTRAR'S SIGNATURE** **E. A. Reichly** **280** **25. FUNERAL DIRECTOR'S SIGNATURE** **D. C. Nallmeyer** **ADDRESS.** **St. Charles Mo.**

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

(Licensed Embalmer's Statement on Reverse Side)

**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 .....  
Student Embalmer

Signed *Frank R. Amaleny*  
Licensed Embalmer No. *4832*  
P. O. Address *St Charles*

**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.