

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27492

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1009 Registrar's No. 6523

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) 1 wk		c. CITY OR TOWN St Johns	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo Bapt Hosp		STREET ADDRESS (If rural, give location) 9010 St Charles Rd			
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) J c. (Last) Brune			4. DATE OF DEATH (Month) (Day) (Year) July 28 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar 17 1879		9. AGE (To years last birthday) 76		10. IF UNDER 1 YEAR IF UNDER 1 MRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Millworker		10b. KIND OF BUSINESS OR INDUSTRY Lumber		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Brune		13b. MOTHER'S MAIDEN NAME Do not know	
14. NAME OF HUSBAND OR WIFE Marie Brune		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. 488-09-1884H	
17. INFORMANT'S SIGNATURE OR NAME Marie Brune		17. ADDRESS 9010 St Charles Rd		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, asphyxia, etc. It means the disease, injury, or complication which caused death.	
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Embolism (Coronary)</u>		INTERVAL BETWEEN ONSET AND DEATH 1 hr		II. ANTECEDENT CAUSES DUE TO (b) <u>adenomatous rectal polyps</u> 3 yrs DUE TO (c) <u>Left inguinal hernia</u> 10 yrs	
19a. DATE OF OPERATION 7/28/55		19b. MAJOR FINDINGS OF OPERATION <u>Left inguinal hernia, adenomatous rectal polyps</u>		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) 5600	
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 July 4, 1955, to July 28, 1955, that I last saw the deceased alive on July 28, 1955 and that death occurred at 10 P. m., from the causes and on the date stated above.					
23a. SIGNATURE M. A. Sehn		(Degree or title) M.D.		23b. ADDRESS 8924 St. Charles Rd St. Louis, Mo	
23c. DATE SIGNED 7/29/55		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 1 1955	
24c. NAME OF CEMETERY OR CREMATORY Galvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo		25. FUNERAL DIRECTOR'S SIGNATURE W. F. Home Overland Mo	
DATE REC'D BY LOCAL REG. JUL 29 1955		REGISTRAR'S SIGNATURE M. A. Sehn		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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 *Al E. Ortman*

Licensed Embalmer No. *347*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.