

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015391

STATE FILE NUMBER

Health,  
& Welfare  
Public  
Service

LED MAY 12 1958

Registration District No. 310

Primary Registration District No. 3058

Registrar's No. 119

5. 300

1-57

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Charles</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Maplewood</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph</b>		Length of stay in 1b <b>2 days</b>	d. STREET ADDRESS <b>7303 Myrtle</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Charles</b> Middle <b>August</b> Last <b>Brugnone</b>			4. DATE OF DEATH Month <b>5</b> Day <b>2</b> Year <b>58</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 27 1906</b>		9. AGE (In years last birthday) <b>51</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blueprint machinist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cupples Prod</b>		11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Augustine Brugnone</b>		13b. MOTHER'S MAIDEN NAME <b>Augustina Sansone</b>	
14. NAME OF HUSBAND OR WIFE <b>Catherine</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			
16. SOCIAL SECURITY NO. <b>495-22-5576</b>		17. INFORMANT Address <b>Julia Brauer RT 14 Box 915</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Posterior Coronary Insarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hyper Tension</b> DUE TO (c) <b>4201</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)				20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>MARCH 1952</b> to <b>MAY 2, 1958</b> and last saw her <sup>her</sup> alive on <b>MAY 2, 1958</b> Death occurred at <b>11:15</b> p. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>M. G. Myrtle, M.D.</b> (Degree or title)			22b. ADDRESS <b>8711 St. Charles Rd. St. Louis 14</b>		22c. DATE SIGNED <b>5 MAY 1958</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>5/6/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>Miceli 1150 N. Kingshighway</b>			25. DATE RECD. BY LOCAL REG. <b>MAY 5 - 58</b>		26. REGISTRAR'S SIGNATURE <b>Marceena Wilson</b>

STATE OF MISSOURI  
DEPARTMENT OF HEALTH  
BUREAU OF HEALTH OFFICERS

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MAY 13 1958

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 John L. Denneke  
Licensed Embalmer No. 4194  
P. O. Address St. Louis

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.