

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-041162

STATE FILE NUMBER

FILED NOV 17 1958		Registration District No. 310		Primary Registration District No. 6056		Registrator's No. 254	
1. PLACE OF DEATH a. COUNTY <b>Saint Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural-St. Chas. twsp.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY <b>Rural Saint Charles Twp.</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>Emmaus Home</b>		Length of stay in 1b <b>18 yrs.</b>		d. STREET ADDRESS (If outside, give location) <b>Emmaus Home</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Pauline</b> Middle <b>E.</b> Last <b>Brune</b>				4. DATE OF DEATH Month <b>Nov.</b> Day <b>7</b> Year <b>1958</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 8, 1882</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>29</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Intl. Shoe Co.</b>		11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Peter Brune</b>				14. MOTHER'S MAIDEN NAME <b>Marie Sommers</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>None</b>		17. INFORMANT Address <b>Theophil Stoerker, St. Charles Co.,</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>Coronary thrombosis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerotic heart disease</b>						<b>10 1/2</b>	
DUE TO (c) <b>Generalized arteriosclerosis</b>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>4200</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
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 <b>4:30</b> Month, Day, Year <b>Nov 1958</b>		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 <b>St. Charles, Mo.</b>	
21. I attended the deceased from <b>Nov 1958</b> to <b>Nov 1958</b> and last saw her <sup>her</sup> alive on <b>Nov. 6, 1958</b> . Death occurred at <b>4:30</b> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>W.H. Poggenmeyer MD</b> (Degree or title)				22b. ADDRESS <b>304 52nd St. Charles, Mo</b>		22c. DATE SIGNED <b>Nov 8, 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Nov. 10, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peter Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>		
24. FUNERAL DIRECTOR <b>H.C. Dallmeyer &amp; Sons, St. Charles, Mo.</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>Nov. 8-58</b>		26. REGISTRAR'S SIGNATURE <b>Marcella Wilson</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

**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 *Frank R. Malone*

Licensed Embalmer No. *47*

P. O. Address *St. Ch...*

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