

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

10832

**PLACE OF DEATH**

County St. Charles  
Township St. Charles  
City (No. 3 miles West of St. Charles)

Registration District No. 757  
Primary Registration District No. 3036  
Registered No. 46  
Ward

**2. FULL NAME**

(a) Residence, No. St. Charles Co. R# 3 Ward.

Length of residence in city or town where death occurred 72 yrs. 4 mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 18, 1860</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>4</u>	DAYS <u>24</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 6, 1933</u>
11. Total time (years) spent in this occupation <u>all his life</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Co. Mo.

13. NAME Herm. John Brunz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Meyer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Ans. Brunz  
(ADDRESS) St. Charles County, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lutheran Cem. DATE March 15, 1933

19. UNDERTAKER Steinbrinker's  
(ADDRESS) St. Charles, Mo.

20. FILED 3/14, 1933 Ag. B. Bloebaum  
Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb. 24, 1932 to March 12, 1933  
I last saw him alive on March 11, 1933 Death is said to have occurred on the date stated above, at 9:45 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis  
Coronary Atherosclerosis  
131  
130  
131  
7:50  
Other contributory causes of importance:  
Chronic Nephritis

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) [Signature], M. D.  
(Address) St. Charles, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933

[The following text is extremely faint and largely illegible due to the quality of the scan. It appears to be a multi-paragraph document, possibly a report or a set of instructions. The text is organized into several distinct sections, likely separated by headings or sub-headings, but the specific content cannot be accurately transcribed. The visible fragments of text include:]

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