

JAN 11 1938

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

40781
Do not use this space.

Registered No. 10473

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 6407 January Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amanda Bruens

(a) Residence, No. 6407 January Ave. St. 2 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner of
9. Industry or business in which work was done, as saw mill, bank, etc. Dry Goods Store
10. Date deceased last worked at this occupation (month and year) about 5 yrs. ago 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Hermann (STATE OR COUNTRY) Mo.

13. NAME Fred Bruens

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

15. MAIDEN NAME Caroline Haeffner

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

17. INFORMANT Caroline Bruens (ADDRESS) 6407 January Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE 12-5 19. 38

19. FUNERAL DIRECTOR (NAME) Kriegshausen Mortuary (ADDRESS) 4228 So. Kingshighway

20. FILED J.P. Brebeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd 19 38

22. HEREBY CERTIFY, That I attended deceased from Jan 1937 19. to Dec 2 1938
I last saw him alive on Dec 2 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast
Pulmonary Tbc.

Date of onset

Other contributory causes of importance:
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) R. Berg M. D.
(Address) 253 Webster

DEC 5 1938

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.

Dr. ~~James~~ ~~Mc~~ ~~Swain~~ ~~1815~~
by ~~Dr. James~~ ~~Mc~~ ~~Swain~~ ~~1815~~
H. E. Lee 24
Stewart & Hall
3-5

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

Registered Apprentice No., working under my personal supervision.

Signed Edwin M. Asmatt
Licensed Embalmer No. 3024

P. O. Address

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, above space should be left blank.