

30936

REGD OCT 14 1939
Registration District No. _____

791
1008

Primary Registration District No. _____

Registrar's No. 7900

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Days.
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA BRUNS 652

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Gerhard Bruns 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 6. 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Depenbrok

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cecelia Finhoff

(b) Address 4324 John Ave.

17. (a) Burial (b) Date thereof 9/18/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M. W. Work

(b) Address 2117 E. Grand Blvd.

19. (a) SEP 17 1939 (b) J. D. Beck
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri/ (b) County _____
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 4324 John Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 47 Yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5 15
year 1939 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept 4
_____, 1939 to Sept 15, 1939
that I last saw him alive on Sept 15, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death acute carcinoma Duration _____
of lungs involving bronchi
primarily & secondarily
Due to all of above
Due to carcinoma not from

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation
Of autopsy as above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edward L. Sager (M. D. or other) M.D.
Address 705 Olive St. Date signed 9-16-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

I 10951

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.....

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.