

JUN 10 1940

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 944

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mother of Good Council Home 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4232 Flad Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Catherine Bruen 1650
3. (b) If veteran, name war no 3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1940 hour 4 minute 0 A. M.
21. I hereby certify that I attended the deceased from 7/26/39
_____ 19 to May 4 19 40
that I last saw her alive on May 4 19 40
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Andrew Bruen 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death Chr. Gen. Arterio-Scleriosis, Chr. Hypertension, Cerebral Apoplexy, Hemiplegia entire right side, Ca. all glands in neck ***
Due to all existed when brought into Mother of Good Counsel Home

7. Birth date of deceased April 19, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 0 25 hr. _____ min.

Other conditions Miocarditis, Uremia, Uremic Coma, Cardiac congestion 4 mos.
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name Edward Bruen
13. Birthplace Ottawa Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Walsh
15. Birthplace Ottawa Illinois
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy 53
Underline the cause to which death should be charged statistically.

16. (a) Informant J. F. Bruen
(b) Address 4232 Flad Ave, St. Louis

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? _____

17. (a) Burial (b) Date thereof 5/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros. Und. Co
(b) Address 2201 S. Grand Bl. St. Louis

23. Signature D. J. ... (M. D. or P. D.)
While at work? _____ (Specify type of place) (c) Means of injury _____

19. (a) MAY 15 1940 (b) J. R. Meyers
(Date received from registrar) (Registrar's signature)

Address 3718 Jennings Road Date signed 5/15/40

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

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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 *Henry A. Stewart*

Licensed Embalmer No. 3722

P. O. Address St. Louis, Mo.

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.