

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40498

State File No.

JAN 15 1941 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10269

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

1. PLACE OF DEATH:

(a) County.....St. Louis

(b) City or town.....St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
2020a Allen Ave.
(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)

3. (a) PRINT FULL NAME Caroline Bruens

3. (b) If veteran, name war None

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 Late Fred Bruens

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased 9 Dec. 23rd 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87	11	20	hr. min.
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9. Birthplace Hermann 0 Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 6

11. Industry or business 6

12. Name Unknown 6

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 Mrs. Thelma Hollmann

(b) Address 2020a Allen Ave.

17. (a) Burial (b) Date thereof 12-16-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuar

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 14 1940 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2020a Allen Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13th
year 1940 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Oct. 1 - 1940
to Dec. 13 1940
that I last saw her alive on Dec. 13 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Ch. Myocarditis.

Fracture of femur (8 weeks)

Fracture of femur (8 weeks)

Due to slipped and fell into bed

Other conditions None
(Exclude pregnancy within 3 months of death)

Major findings None
Of operations None

Of autopsy None

Duration

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) Accident

(b) Date of occurrence Dec 1 - 1940

(c) Where did injury occur? at home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at home

23. Signature R. Berg (M. D. or other)

Address 2553 Belmont Date signed 12/13/40

2-25-53
H. E. 81288

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..... *Edmund M. Bennett*

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, fact should be so stated above.