S. No. 2
—4-13-40
. 5-17-39
PI X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40545 10316

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No.

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: Bethesda Hospital. (If not in hospital or institution, write street number or location) /

(d) Length of stay: In hospital or institution 14 Hours. (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 9

(d) Street No. 4206 N. 11th. St. (If rural, give location)

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

3. (a) PRINT FULL NAME Infant Bruenning.

3. (b) If veteran, name war No.

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White.

6. (a) Single, widowed, married, divorced Single.

6. (b) Name of husband or wife

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

7. Birth date of deceased Dec. 15 1940 (Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 14 hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country) 0

10. Usual occupation Infant. 0

11. Industry or business 0

FATHER
12. Name Leonard Bruenning.
13. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Helen Ackermann.
15. Birthplace St. Louis, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Leonard Bruenning.
(b) Address 4206 N. 11th. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-40. (Month) (Day) (Year)
(c) Place: burial or cremation Friedens cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) DEC 16 1940 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15th year 1940 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 9/15, 1940, to 9/15, 1940; that I last saw him alive on 9/15, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth aproximately 6½ mo gestation and — Duration

Due to no apparent reason for miscarriage (premature birth)

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy

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) no
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Shaw (M. D. or other)
Address Pasteur Medical Bldg Date signed 12/16/40

(Licensed Embalmer's Statement on Reverse Side)

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.

Not Embalmed.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.