. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42987

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 32

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

96
0
0

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay County, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4877 Oldenberg
(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 96
(c) City or town St. Louis County, 0
(If outside city or town limits, write "RURAL")
(d) Street No. 4877 Oldenberg 0
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christian Bruns

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

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Helen Bruns
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 13, 1862 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Retired Farmer 10 Years
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Louise (Unknown)
15. Birthplace (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. Lulu Klable
(b) Address 4877 Oldenberg
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 S. Grand Blvd.
19. (a) JAN 6- 1942 (Date received local registrar) (b) E. G. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th, year 1942 hour 7 a.m. minute M.

21. I hereby certify that I attended the deceased from Dec 12th 1941 to Jan 4 1942 that I last saw him alive on 1-4 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis chronic	15 yrs.
Due to: Arthritis chronic	15 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 93	
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) —
(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 Edward N. Hamtel (M. D. ~~mother~~)
Address 1504 So Grand Date signed 1

(Licensed Embalmer's Statement on Reverse Side)

Dr. Hamlet
1504 S. Grand
11 to 1 PM
7 to 8 PM

Gr. 6133

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 Virgil L. Remyman

Licensed Embalmer No. 4018

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, fact should be so stated above.