S. No. 2
M—5-42
v. 5-17-39
1 .X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31788

Primary Registration District No. 1003

Registrar's No. 8373

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:
City Marshalls Office 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 0 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5307 N. Union Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Grover C. Bruning

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Lillie Bruning nee Fuller

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased October 27, 1884 (Month) (Day) (Year)

8. AGE: Years 57 | Months 11 | Days 10 | If less than one day ___ hr. ___ min.

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

10. Usual occupation Deputy Marshall

11. Industry or business

FATHER
12. Name George Bruning
13. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Louisa Albert
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs Lillie Bruning
(b) Address 5307 N. Union Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/10/42 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 9 1942 (Date received local registrar) (b) J. F. Beedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 7th year 1942 hour 10:00 AM minute

21. I hereby certify that I attended the deceased from Aug. 29th 1942 to Oct. 7th 1942 that I last saw him alive on Oct 5th 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Angina pectoris	Dont know
Due to —	
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)
(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 R. R. Newman (M. D. or other) MD
Address 5330 Geraldine Date signed 10/7/42

(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.

Signed F. A. Williamson

Licensed Embalmer No. 3565

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.