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Rev. 5-17-39
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19444

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1943 18

Registration District No. _____
Primary Registration District No. 1003

Registrar's No. 5476

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:
Enroute City Hospital #1 3
(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: 000
17
1 20

(a) State Missouri (b) County _____

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

(d) Street No. 2214a Dodier St
(If rural, give location)

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

3. (a) PRINT FULL NAME George A. Bruns

3. (b) If veteran, name war no

3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola Bruns 6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Mar. 2 4 1901
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	42	2	18	hr. _____ min. _____

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

10. Usual occupation Maintenance Man

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Bruns

13. Birthplace unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Wagescheide

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Viola Bruns

(b) Address 2214a Dodier St

17. (a) burial (b) Date thereof 1-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Woodward Woodward

(b) Address 2228 St. Louis Ave

19. (a) JUN 15 1943 (b) J. F. Bueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 43 hour 5 minute 00 p.m.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion, Septic Pneumonia right base, while being treated for ulcers of the leg caused by m. injuries when he bumped his leg while at work at the Due National Tailoring Co. 410 No Jefferson Ave. May 11 1943

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 195
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) accident 000

(b) Date of occurrence May 16 1943

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
(Specify type of place)

While at work? yes Means of injury injury

23. Signature Alfred J. Bueck M. D. or other _____
Address Alfred J. Bueck Date signed 6/15/43

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

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 *Charles E. Goodhart*.....

- Licensed Embalmer No. *2777*.....

P. O. Address *Down mv*.....

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.