

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

FILED SEP 17 1943  
Registration District No. 18

Primary Registration District 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:  
4416 Grace 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 Margaret Bruns,

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,

6. (b) Name of husband or wife Herman Bruns, 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased January 25, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>9</u>	hr. _____ min. _____

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

10. Usual occupation At. Home,

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Don't Know  
13. Birthplace Don't Know  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Schleper,  
15. Birthplace Germany,  
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Bruns,  
(b) Address 4416 Grace Ave.,

17. (a) Burial, (b) Date thereof 9/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mortuary  
(b) Address 2842 Maramec St.

19. (a) SEP 7 1943 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County 17  
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")  
(d) Street No. 4416 Grace Ave., (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, day 4  
year 1943 hour 4:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Jan 9th  
1937, 1937 to Sept 3, 1943  
that I last saw her alive on \_\_\_\_\_ and that death occurred on the date and hour stated above.

Immediate cause of death: Wernicke's encephalopathy  
Myocarditis Sicillia  
Due to hemiplegia left  
Due to Sicillia  
Other conditions (include pregnancy within 3 months of death) 93

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Dr. A. P. Stein (M. D. or other)  
Address 2800 S. Chippewa Date signed 9-4-43

Duration 6 days  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W E Morris

Licensed Embalmer No. 3360

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.**