

FILED OCT 22 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

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:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5043 Nottingham Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ellen Elisabeth Bruns

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

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

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

7. Birth date of deceased. July 30th 1913  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
30 2 11 hr. min.

9. Birthplace. Kirkwood Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation. Housewife

11. Industry or business.

12. Name. Andrew Johnson

13. Birthplace. Alexandria Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name. Katie Williams  
(City, town, or county) (State or foreign country)

15. Birthplace. Charlotteville Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant. Eugene H. E. Bruns

(b) Address. 5043 Nottingham Ave.

17. (a) Burial (b) Date thereof. 10-19-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Peter & Paul

18. (a) Signature of funeral director. Kriegshauser Mortuaries

(b) Address. 4228 So. Kingshighway Blvd.

19. (a) OCT 13 1943 (Date received local registrar) J. F. Bruns (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. Oct. day 11th  
year. 1943 hour. 11:45 minute P.M. M.

21. I hereby certify that I attended the deceased from 4-21, 1943, to 10-11, 1943;

that I last saw her alive on 10-11, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Respiratory Failure during Anesthesia

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions. Pregnancy at term  
(Include pregnancy within 3 months of death)

Major findings of operations. 10-12-43  
Dr. J. Callender  
Deputy Coroner

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature. Joseph A. Hardy (M. D. or other) M.D.

Address. 4652 Maryland Date signed 10-12-43

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**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.....  
*Edwin A. McSweeney*

Licensed Embalmer No. *3027*.....

P. O. Address.....

**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.**