

S. No. 2
M-2-43
5-17-39
1 X35607

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 36182
Registrar's No. 9923

FILED NOV 20 1943 18
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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution 7 weeks
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(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 _____

3. (a) PRINT FULL NAME George R. Bruning

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 29, 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 14 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name George Bruning
13. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Kelly
15. Birthplace Unknown Mo.
(City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 11/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation Calvary Friends Cemetery

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

19. (a) NOV 13 1943 (b) J. F. Brueck
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
year 1943 hour 7:00 AM minute _____ M.

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

Immediate cause of death fracture 6th Cervical vertebra hemorrhage along cord when he was found lying in front of 5309 N Union ave about 10:17 PM
Due to September 29 - 1943
Cause and manner of same Could not be determined
Other conditions (include pregnancy within 3 months of death) _____

Major findings:

Of operations 195
Of autopsy H

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) Open Verdict
(b) Date of occurrence Sept 29 - 1943
(c) Where did injury occur? St Louis Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? No (Specify type of place) (e) Means of injury Unknown
23. Signature Alfred Perry (M. D. or other)
Address 1113/43 Date signed 11/13/43

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 *Walter G. Burnley*
Licensed Embalmer No. *4312*
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.