

FILED FEB 10 1944

Registration District No. 310

Primary Registration District No. 6051

Registrar's No. 13

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town Rural - St. Charles Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.R. #1, St. Charles, Mo. /  
(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 August Bruns

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 November 21, 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 1 21 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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

MOTHER FATHER {  
12. Name Herman Bruns  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Meyer  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Herman Bruns

(b) Address St Charles County, MO

17. (a) Burial (b) Date thereof Jan. 13, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cemetery

18. (a) Signature of funeral director Harold Bruns

(b) Address 376 N 6th St, St Charles MO

19. (a) Jan 13, 1944 (b) Ernest C. Paul  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 92  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. #1, St. Charles, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11  
year 1944 hour 6 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 5, 1944 to Jan 11, 1944  
that I last saw him alive on Jan 10, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Broken Compensation.  
Due to Chronic Myocarditis.  
Due to Gen. Arteriosclerosis.  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN 938  
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 work)  
Means of injury \_\_\_\_\_  
23. Signature W. E. Schuch (M.D. or other)  
Address St Charles Mo. Date signed 1/12/44

1340

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

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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.....  
*Arthur C. Rose*

Licensed Embalmer No.....  
*3157*

P. O. Address.....  
*St Charles 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.**