S. No. 2
0M—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 10 1946

State File No. 15952

Registration District No. 53 — Primary Registration District No. 3010 — Registrar's No. 189

1. PLACE OF DEATH:

(a) County: Cape Girardeau

(b) City or town: Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 week
In this community: All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cape Gir 16

(c) City or town: Cape Girardeau Mo.
(If outside city or town limits, write "RURAL")

(d) Street No.: 531 Bellevue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Clara Bruening

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leo

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: April 13 1882 (Month) (Day) (Year)

8. AGE: Years 64 Months 1 Days 2 If less than one day hr. min.

9. Birthplace: Cape Girardeau Mo (City, town, or county) (State or foreign country)

10. Usual occupation: House Wife

11. Industry or business: None

FATHER
12. Name: Herman Freeze
13. Birthplace: Germany (City, town, or county) Bremen (State or foreign country)

MOTHER
14. Maiden name:
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Leo Bruening
(b) Address: Cape Gir rdeau Mo.

17. (a) Burial 1946 (Burial, cremation, or removal) (b) Date thereof: May 18 1946 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Mary's Cemetery

18. (a) Signature of funeral director: Joe G Howell
(b) Address: Cape Girardeau Mo.

19. (a) 6-3-1946 (Date received local registrar) (b) E.E. Summers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1946 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from 5-1-1946 to 5-15-1946 that I last saw her alive on 5-15-1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage — Duration

Due to: Hypertension

Due to: Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death): Gall Stones

Major findings: Of operation: Operated 5/11/46.

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):

(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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: [illegible] (M. D. or other)

Address: Cape Girardeau Date signed: 6-1-46

(Licensed Embalmer's Statement on Reverse Side)

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

14844

RECEIVED

No. 4

District File Number 646-2205

Date Filed 6-6-46

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 W. H. Estes

Licensed Embalmer No. 3548

P. O. Address Cape Girardeau

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.