

STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1949

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1960

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis Co</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clayton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood,</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>319 West Manchester Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis Co. Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>CARRIE BRUNO</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 13, 1949.</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Dec. 21, 1870.</b>		9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR: Months Days		IF UNDER 100 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Unknown</b>			11. BIRTHPLACE (State or foreign country) <b>New York</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
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13a. FATHER'S NAME <b>George Dollinger</b>		13b. MOTHER'S MAIDEN NAME <b>Don't Know</b>		14. NAME OF HUSBAND OR WIFE <b>Peter C. Bruno Dec.</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME <b>George Bruno, 5816 Romaine Pl.</b>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis, general</b>				<b>year</b>	
		DUE TO (c) <b>Hypertensive arteriosclerotic heart disease</b>				<b>332X</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>unknown</b>	
						<b>years</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **8-4-1949**, to **8-13-1949**, that I last saw the deceased alive on **8-13-1949**, and that death occurred at **4:20** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. P. Cole M.D.</b> (Degree or title)		23b. ADDRESS <b>6015 Beentwood, Clayton</b>		23c. DATE SIGNED <b>8/13/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 15, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Fee Fee Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>8-15-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Monke, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Jos. W. Clark, 1125 Hodiamont Ave.</b>		ADDRESS	
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Alfred J. Brodeur*

Licensed Embalmer No. 8 2663

P. O. Address 125 Hodiament Ave.

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.