

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13850**
3450

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **100** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.	c. LENGTH OF STAY (in this place) 47 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. 2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) 3515 Sullivan Ave.	

3. NAME OF DECEASED (Type or Print) Minnie Lee BRUNS	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 4-11-51
----------------------------------------------------------------	------------	-------------	-----------	---------------------------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH July 5, 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Sullivan, Mo.		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME B. P. Rowland	13b. MOTHER'S MAIDEN NAME Sarah Riddle	14. NAME OF HUSBAND OR WIFE Late Henry G. Bruns
-----------------------------------------	-----------------------------------------------	--------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter L. Bruns 6611 Bancroft Ave.
--------------------------------------------------------------------------------------------------------------------	-------------------------	-------------------------------------------------------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Homologous serum jaundice with acute atrophy of liver		2 1/2 mo.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis with arteriosclerotic heart disease		many years
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

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? SLX

22. I hereby certify that I attended the deceased from **2-26, 1951**, to **4-11, 1951**, that I last saw the deceased alive on **4-11, 1951**, and that death occurred at **11:20 P m.**, from the causes and on the date stated above.

23a. SIGNATURE F R Bradley (Degree or title) M.D.	23b. ADDRESS BARNES HOSPITAL	23c. DATE SIGNED 4/12/51
-----------------------------------------------------------------	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Apr. 14, 1951	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cem.	24d. LOCATION (City, town, or county) (State) Sullivan, Mo.
----------------------------------------------------------	--------------------------------	------------------------------------------------------------	--------------------------------------------------------------------

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 12 1951 J. B. Lasater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
----------------------------------------------------------------------------	---------------------------------------------------------------------------------------

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Richard W. Stovessand

Signed.....
Student Embalmer

Licensed Embalmer No. 4007

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.