

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21067

| | | | | | | | |
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| BIRTH NO. | | REG. DIST. NO. 310 | | PRIMARY REG. DIST. NO. 3058 | | Registrar's No. 114 | |
| 1. PLACE OF DEATH a. COUNTY St Charles | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Charles | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles | | c. LENGTH OF STAY (in this place) 49 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles | | 0923 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital | | | | d. STREET ADDRESS (If rural, give location) 315 North Main St | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Marian | | | b. (Middle) | | c. (Last) Bruns | | 4. DATE OF DEATH (Month) (Day) (Year) June 5 1951 |
| 5. SEX Female P | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Single | 8. DATE OF BIRTH August 20 1901 | 9. AGE (In years last birthday) 49 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic | | 10b. KIND OF BUSINESS OR INDUSTRY College | | 11. BIRTHPLACE (State or foreign country) St Charles MISSOURI. D | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Herman Bruns | | | 13b. MOTHER'S MAIDEN NAME Regina Christensen | | 14. NAME OF HUSBAND OR WIFE | | |
| 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. 492-36-3830 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Walter Bruns 315 No. Main St St Charles | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA - Probably virus ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) EXTENSIVE hemorrhage of both LUNGS. DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSION | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days 3 days 3 yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 492X | | | | 20. AUTOPSY? YES <input checked="" 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) | | 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 7-2, 1948 to 6-5, 1951, that I last saw the deceased alive on 6-5, 1951, and that death occurred at 11:10 AM, from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) O. L. Lawrence | | | 23b. ADDRESS 1124 N. Main St. St. Charles Mo. | | | 23c. DATE SIGNED June 5 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE June 8 1951 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) St Charles Mo. | |
| DATE REC'D BY LOCAL REG. 6-11-51 | | REGISTRAR'S SIGNATURE Francis Hammett | | 25. FUNERAL DIRECTOR'S SIGNATURE J. Ackmann | | ADDRESS P.O. Box St Charles Mo. | |

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

0923

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File No. _____
DISTRICT HEALTH OFFICE No. 4

JUN 16 1951

RECEIVED

DEC 17 1951

JUN 10 1951

JUN 20 1951

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

Arthur C. Bane

Licensed Embalmer No.

3155

P. O. Address

St. Charles 7th

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.