

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28092
State File No. 7795

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7795		
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 town) St. Louis, Mo.		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		6 2069		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5624 Highland				d. STREET ADDRESS (If rural, give location) 5624 Highland, Ave				
3. NAME OF DECEASED (Type or Print) Henry F. Bruening			a. (First) H		b. (Middle) F.		c. (Last) Bruening	
4. DATE OF DEATH Aug 31, 1951		(Month) (Day) (Year)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 20, 1878		
5. SEX M		6. COLOR OR RACE W		9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer Bottler		
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Anhauser-Busch		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Henry Bruening			13b. MOTHER'S MAIDEN NAME (Unknown) Bunzemeyer			14. NAME OF HUSBAND OR WIFE Bertha Schroeder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 497-05-9871		17. INFORMANT'S SIGNATURE OR NAME Bertha Bruening ADDRESS 5624 Highland				
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, asthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS! High blood pressure - Heart leakage Conditions contributing to the death but not related to the disease or condition causing death. Ascites.				INTERVAL BETWEEN ONSET AND DEATH _____		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21f. HOW DID INJURY OCCUR? 578X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from April, 1950 , to Aug 31, 1951 , that I last saw the deceased alive on Aug 31, 1951 , and that death occurred at 4:30 P.m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Howard M. Foster, M.D.			23b. ADDRESS 5059 A. Saint Louis Ave			23c. DATE SIGNED Sept 1, 1951		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 4, 1951		24c. NAME OF CEMETERY OR CREMATORY St. Peters		24d. LOCATION (City, town, or county) (State) St. Louis County		
DATE REC'D BY LOCAL REG. SEP 4 1951		REGISTRAR'S SIGNATURE J. Emil Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kraeger - Fenwick Funeral Home 3402 N. Kingshighway				

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

50598 St James Ave

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 *Thomas R Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *3402 N Kingshigh*

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.