

FILED JUL 22 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25618

State File No. ....

6638

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>0</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>2179</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis, Mo.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>  |  |
| c. LENGTH OF STAY (In this place)<br><u>21 HRS.</u>   |  | d. STREET ADDRESS (If rural, give location)<br><u>4106 Cleveland</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION:<br><u>Firmin Desloge Hospital</u>                    |  |   |  |

|   |  |             |  |                        |  |  |  |  |
|---|--|-------------|--|------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Otto</u> |  | b. (Middle) |  | c. (Last) <u>Bruns</u> |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>7-6-52</u> |  |  |
|---|--|-------------|--|------------------------|--|--|--|--|

|                    |                               |  |                                    |  |                           |                          |                           |                         |
|--------------------|-------------------------------|--|------------------------------------|--|---------------------------|--------------------------|---------------------------|-------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u> | 8. DATE OF BIRTH<br><u>8-18-14</u> | 9. AGE (In years last birthday)<br><u>37</u> | IF UNDER 1 YEAR<br>Months | IF UNDER 24 HRS.<br>Days | IF UNDER 12 HRS.<br>Hours | IF UNDER 1 MIN.<br>Min. |
|--------------------|-------------------------------|--|------------------------------------|--|---------------------------|--------------------------|---------------------------|-------------------------|

|  |  |   |   |
|--|--|---|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Driver</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Pevely Dairy</u> | 11. BIRTHPLACE (State or foreign country)<br><u>Tennessee</u> | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u> |
|--|--|---|---|

|   |  |   |
|---|--|---|
| 13a. FATHER'S NAME<br><u>Otto Bruns</u> | 13b. MOTHER'S MAIDEN NAME<br><u>Portia Bruns</u> | 14. NAME OF HUSBAND OR WIFE<br><u>Bernice Bruns</u> |
|---|--|---|

|   |   |   |                                  |
|---|---|---|----------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | 16. SOCIAL SECURITY NO.<br><u>493-09-3909</u> | 17. INFORMANT'S SIGNATURE OR NAME<br><u>BERNICE BRUNS</u> | ADDRESS<br><u>4106 CLEVELAND</u> |
|---|---|---|----------------------------------|

|   |   |  |                                  |
|---|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rheumatic heart disease</u>   |  |                                  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) _____<br>rise to the above cause (a) stating the underlying cause last.<br>DUE TO (c) _____ |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>Nephrosis heart failure peritonitis</u>   |   |  |                                  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>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) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><u>112</u> |
|--|--|--|

22. I hereby certify that I attended the deceased from 7-5-52, 19  , to 7-6-52, 19  , that I last saw the deceased alive on 7-6-52, 19  , and that death occurred at 4:45 P.m., from the causes and on the date stated above.

|   |   |  |
|---|---|--|
| 23a. SIGNATURE (Degree or title)<br><u>William T. Fitzgerald MD</u> | 23b. ADDRESS<br><u>1325 South Grand, St. Louis, Mo.</u> | 23c. DATE SIGNED<br><u>July 7-1952</u> |
|---|---|--|

|  |                                 |  |  |
|--|---------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 24b. DATE<br><u>July 9 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY<br><u>S.S. PETER &amp; PAUL</u> | 24d. LOCATION (City, town, or county) (State)<br><u>ST. LOUIS Mo</u> |
|--|---------------------------------|--|--|

|   |   |   |                                |
|---|---|---|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><u>JUL 8 1952</u> | REGISTRAR'S SIGNATURE<br><u>Carl Smith MD</u> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Thomas Kutis</u> | ADDRESS<br><u>2906 Beavois</u> |
|---|---|---|--------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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.....

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. 4347 91

P. O. Address 2906 Harris

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.