

1952 OCT 4 1952

STANDARD CERTIFICATE OF DEATH

State File No. 32787

318

1003

Registrar's No. 8890

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>	
c. LENGTH OF STAY (In this place) <i>2 weeks</i>		d. STREET ADDRESS (If rural, give location) <i>16 3904 Oleatha Av.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Seaconnec Hosp.</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Sept. 27 1952</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Jennie</i> b. (Middle) <i>M.</i> c. (Last) <i>Bruening</i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	
8. DATE OF BIRTH <i>May 16, 1872</i>		9. AGE (In years last birthday) <i>80</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>Moulton Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>1</i>	
13a. FATHER'S NAME <i>Coydon Bronhard</i>		13b. MOTHER'S MAIDEN NAME <i>Phileas Staudley</i>	
14. NAME OF HUSBAND OR WIFE <i>Walter Bruening</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) <i>Elmer S. Ware 3904 Oleatha Av.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cancer of Esophagus</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 Month</i>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS* (Conditions contributing to the death but not related to the disease or condition causing death.)			
19a. DATE OF OPERATION <i>9-20-52</i>		19b. MAJOR FINDINGS OF OPERATION <i>Biopsy of Cancer</i>	
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)			
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? <i>150X</i>			
22. I hereby certify that I attended the deceased from <i>9-2-</i> , 19 <i>52</i> , to <i>9-22-</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>9-22-</i> , 19 <i>52</i> , and that death occurred at <i>11:20 P m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>R. Anshingher</i>		23b. ADDRESS <i>5203 Chippewa</i>	
23c. DATE SIGNED <i>9-23-52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Funeral</i>		24b. DATE <i>Sept 25, 1952</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Moulton Iowa</i>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>SEP 24 1952</i>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <i>W. Bull-Campbell Mortuary of 215 Lindell</i>	

WRITE PLAINLY—USING UNFADEING 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 *Rex E Campbell* _____

Licensed Embalmer No. *3881* _____

P. O. Address *St Louis 8, Mo* _____

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.