No. 300
10-48

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

FILED MAY 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17093

BIRTH NO. 32590-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4381

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Christian Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo.
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pacific
d. STREET ADDRESS (If rural give location) 16 S Columbus St

3. NAME OF DECEASED (Type or Print)
a. (First) Micheal
b. (Middle) William
c. (Last) Bruns

4. DATE OF DEATH (Month) May (Day) 14 (Year) 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) —

8. DATE OF BIRTH May 11 - 1954.

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months — Days 2 — IF UNDER 24 HRS.: Hours 8 — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Wilma Ann Bruns

14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME X Wilma Ann Bruns **ADDRESS**

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) Complete Atelectasis Left Lung — INTERVAL BETWEEN ONSET AND DEATH 2 1/3 DAYS

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

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

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) 762.0

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 MAY, 1954, *to* 14 MAY, 1954, *that I last saw the deceased alive on* 13 MAY, 1954, *and that death occurred at* 4:03 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Gene H. Graban M.D.

23b. ADDRESS 8201 North Broadway, St Louis 15 Mo

23c. DATE SIGNED 14 MAY 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-17-54

24c. NAME OF CEMETERY OR CREMATORY Pacific Cem

24d. LOCATION (City, town, or county) Pacific, Mo. (State)

DATE REC'D BY LOCAL REG. MAY 17 1954

REGISTRAR'S SIGNATURE J. Carl Smith MD MDB

25. FUNERAL DIRECTOR'S SIGNATURE Jno. L. Shiches **ADDRESS** Pacific Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Geo. L. Hughes

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.