

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19767**

FILED JUN 20 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>		c. CITY OR TOWN <b>St. Charles</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>315 N. Main St. 09270</b>	

3. NAME OF DECEASED (Type or Print) <b>CORA</b>	a. (First)	b. (Middle)	c. (Last) <b>BRUNS</b>	4. DATE OF DEATH <b>June 10, 1955</b>
---	------------	-------------	------------------------	---------------------------------------

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 16, 1890</b>	9. AGE (in years last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Montgomery City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	---	---	--

13a. FATHER'S NAME <b>A. R. Gardner</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Ann Pheses</b>	14. NAME OF HUSBAND OR WIFE <b>Walter E. Bruns</b>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Walter E. Bruns Jr.</b>	ADDRESS <b>St. Charles, Mo.</b>
--	-------------------------------------	--	---------------------------------

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, asphyxia, 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) <b>Generalized carcinomatosis. Primary left kidney</b>		<b>3 mo.</b>
	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 <b>180 X</b>	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) (Min.)	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 **5-26-47**, 19\_\_\_\_, to **6-10-**\_\_\_\_, 19**55**, that I last saw the deceased alive on **6-10-**\_\_\_\_, 19**55**, and that death occurred at **9:35A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ed. Bauer</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>114 N. Main St., St. Chas. Mo.</b>	23c. DATE SIGNED <b>6-13-55</b>
---	--	---------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>June 13, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Missouri</b>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <b>June 13-1955</b>	REGISTRAR'S SIGNATURE <b>Fannie Hamilton</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur C. Bane</b>	ADDRESS <b>St. Charles, Mo.</b>
--	--	--	---------------------------------

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

423  
0

**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.....  
Signature of Student Embalmer

Signed *Plourence M. Bullo*.....

Licensed Embalmer No. *437*.....

P. O. Address *St Charles*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.