

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41879

FILED DEC 28 1955

State File No.

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10675

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE			b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS			c. CITY OR TOWN MAPLEWOOD			d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. LENGTH OF STAY (in this place) 3 MONTHS			e. STREET ADDRESS (If rural, give location) 7310 BRUNO AVENUE					
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNARD NURSING HOME								
3. NAME OF DECEASED (Type or Print) a. (First) EUGENIA			b. (Middle) M.			c. (Last) BRUNO		
4. DATE OF DEATH (Month) (Day) (Year) DEC. 4, 1955								
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 12, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 14 HRS. Hours	IF UNDER 14 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (City and State or Foreign Country) MAPLEWOOD, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME JOHN DATISE BRUNO			13b. MOTHER'S MAIDEN NAME VICTORINE VERRIER			14. NAME OF HUSBAND OR WIFE NONE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ALFRED BRUNO, PERSHING				ADDRESS MISSOURI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			Diabetes Mellitus				10 yrs	
*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) Diabetic Gangrene				1 yr.	
			DUE TO (c) General Arterio Sclerosis				10 yrs	
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 260x				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) (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 Dec 1, 1955 to Dec 2, 1955 , that I last saw the deceased alive on Dec 1, 1955 , and that death occurred at 2:40 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) R.A. Kinsella				23b. ADDRESS 3720 Washington			23c. DATE SIGNED 1/6/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE DEC. 7, 1955		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MISSOURI		
DATE REC'D BY LOCAL REG. DEC 6 1955		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Walter Pughan		ADDRESS 7146 MANCHESTER AV.		

(Licensed Embalmer's Statement on Reverse Side)

ST. LOUIS, 17, MISSOURI.

0961 7 1967

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 *Arnold O. Yehake*.....

Licensed Embalmer No. *391*.....

P. O. Address *Stone*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.