

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 1 - 1957

State File No. 9747

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 94			
1. PLACE OF DEATH a. COUNTY St Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St Charles					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Charles		c. LENGTH OF STAY (In this place) 3 wks		c. CITY OR TOWN St Charles 09210		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION St Joseph Hospital				e. STREET ADDRESS (If rural, give location) Rt 2					
3. NAME OF DECEASED (Type or Print) a. (First) Alvin b. (Middle) H. c. (Last) Bruns			4. DATE OF DEATH (Month) (Day) (Year) March 14 1957						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 6 1890		9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) St Charles Co.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Henry J. Bruns		13b. MOTHER'S MAIDEN NAME Maria Amerland		14. NAME OF HUSBAND/OR WIFE					
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. 498-40-8220		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elma Bruns Rt 2 St Charles Mo					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized adenocarcinoma metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Adenocarcinoma of rectum DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 154X				INTERVAL BETWEEN ONSET AND DEATH OMO. 9 mo.	
19a. DATE OF OPERATION 11/27/56		19b. MAJOR FINDINGS OF OPERATION METASTATIC ADENOCARCINOMA OF RECTUM				20. AUTOPSY? 2 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)		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 9-22-56, 19___, to 3-14-57, 19___, that I last saw the deceased alive on 3-14-57, 19___, and that death occurred at 8:20A m., from the causes and on the date stated above.									
23a. SIGNATURE Paul N. Rother (Degree or title) M.D. O.				23b. ADDRESS 114 N. Main St., St. Chas., Mo.		23c. DATE SIGNED 3-16-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 17 1957	24c. NAME OF CEMETERY OR CREMATORY Lutheran		24d. LOCATION (City, town, or county) (State) St Charles Mo.				
DATE REC'D BY LOCAL REG. March 21 1957		REGISTRAR'S SIGNATURE Hazel Lawler		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Arthur C. Bann, St. Charles, Mo.					

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

540

NOV 25 1957

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.....
Clarence M. Bell

Licensed Embalmer No. *4575*

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