

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

8640 - 62-035981
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. _____

DO NOT WRITE ON THIS STUB

AMENDED

FILED SEP 17 1962

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in lb 8 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Jennings Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 5415 Fletcher Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
PEARL MARGARET BRUENING September 4 1962

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/12/1884 9. AGE (last birth day) 78 years IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Sumner, Illinois 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Aaron Cochran 13b. MOTHER'S MAIDEN NAME Harriet Tate 14. NAME OF HUSBAND OR WIFE John Bruening

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Pearl Kiely - 5476 Jennings Rd. Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Renal failure INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Shock 3 days
DUE TO (c) Bile peritonitis secondary to surgery 5 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 584X PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from 8-27-1962 to 9-4-62 and last saw her live on 9-4-62 Death occurred at 3:30 PM. 9-4-62 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Gilbert N. Lanza M.D. 22b. ADDRESS 6223 Natural Bridge 22c. DATE SIGNED 9-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE Sept. 7, 1962 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR BUCHHOLZ MORTUARY-5967 W. Florissant Ave ADDRESS _____ 25. DATE RECD. BY LOCAL REG. SEP 6 1962 26. REGISTRAR'S SIGNATURE Loan Smith. M.D.

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DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ
78 BY AFFIDAVIT OF

*Document
Employment
Sabbatical
Calvary*

USE BLACK INK OR TYPEWRITER RIBBON

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 Ralph E. Zinder

Licensed Embalmer No. 4275

P. O. Address St. Louis, 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.