

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-009727

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 444

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

14003

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kirkwood</u> Length of stay in 1b <u>YRS.</u>		c. CITY OR TOWN <u>Kirkwood</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>11019 Manchester Rd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>WALTER CHARLES BRUNO</u>			4. DATE OF DEATH Month Day Year <u>Feb. 6, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-21-1897</u>
9. AGE (last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shipping Clerk</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>Peter C. Bruno</u>	
14. MOTHER'S MAIDEN NAME <u>Caroline Unk.</u>		15. NAME OF HUSBAND OR WIFE <u>Cora May Bruno</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>None</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myelocytic leukemia</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	22. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	23. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.	
24. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	26. CITY, TOWN, OR LOCATION	27. COUNTY STATE
28. I attended the deceased from <u>Jan 21, 1963</u> to <u>Feb 6, 1963</u> and last saw him alive on <u>Feb 6, 1963</u>		29. Death occurred at <u>1:05 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
30. SIGNATURE (Degree or title) <u>Charles E. Hogewerner M.D.</u>		31. ADDRESS <u>135 Madame Ave. Kirkwood Mo.</u>	32. DATE SIGNED <u>Feb 7, 1963</u>
33. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	34. DATE <u>Feb. 9, 1963</u>	35. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cem.</u>	36. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
37. FUNERAL DIRECTOR <u>Pfritzingert Mort-Kirkwood 22, Mo.</u>		38. ADDRESS	39. DATE RECD. BY LOCAL REG. <u>2-9-63</u>
40. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>		41. REGISTRAR'S SIGNATURE	

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 Bert Hoffmann Jr

Licensed Embalmer No. 4366

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.