MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-63-014082
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 531 Registrar's No. 999

FILED APR 11 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
	[illegible]		
	90-2 Page		

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: University City
Length of stay in 1b: 35 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7043 Melrose
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St Louis
c. CITY OR TOWN: University City
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7043 Melrose
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Raymond Middle: Bruno Last:
4. DATE OF DEATH Month Day Year: March 21 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 11/3/1905
9. AGE (last birthday): 57
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): Retired Detective
10b. KIND OF BUSINESS OR INDUSTRY: University City
11. BIRTHPLACE (City and state or country): St Louis Co Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Frank Brune
13b. MOTHER'S MAIDEN NAME: Elizabeth Fortune
14. NAME OF HUSBAND OR WIFE: Margaret McEwan Bruno
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates o[illegible])
16. SOCIAL SECURITY NO.: [illegible]
17. INFORMANT Address: Margaret Brune 7043 Melrose

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause p[illegible])
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: acute
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinomatosis
DUE TO (c): Bronchiogenic carcinoma

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. [ ] 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 Jan 1962 to 3/22/63 and last saw her (him) alive on 3/18/63
Death occurred at 6:20 Pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible] MD
22b. ADDRESS: 6820 Page
22c. DATE SIGNED: 3/22/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3/25/1963
23c. NAME OF CEMETERY OR CREMATORY: Calvary
23d. LOCATION (City, town, or county) (State): St Louis Mo
24. FUNERAL DIRECTOR ADDRESS: Ortmann F Home 9222 Lackland Overland Mo
25. DATE RECD. BY LOCAL REG.: 3-24-63
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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 Al C Ostrum

Licensed Embalmer No. 3478

P. O. Address_____

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.