WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

18293

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. 4131, Hull Place St. ..... Ward)

File No. .....

Registered No. 5283

2. FULL NAME William Bruenger

(a) Residence, No. 4131 Hull Place St., 10 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. / How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Bruenger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1882

7. AGE: YEARS 49 MONTHS 9 DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Metal Polisher 41

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tiffany Auto Co

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

FATHER

13. NAME Henry Bruenger 8

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 16

MOTHER

15. MAIDEN NAME Kate Ollig

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland 19

17. INFORMANT (ADDRESS) Mrs. Elizabeth Bruenger 4131 Hull Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE June 3, 1932

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2161 E. Fair Ave

20. FILED JUN -2 1932 19 Max C Stark Coff 6/1/32 Registrar

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31st, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:45 P.m.

The principal cause of death and related causes of importance were as follows:

Asphyxiation, due to Fuel Gas Poisoning, self-administered while suffering temporary mental aberration

Date of onset

Other contributory causes of importance: Suicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) T. J. Evers, M.D.

(Address) Deplorouse

32 - 5 - 31
1882 - 8 - 27
49 - 9 - 4