

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

Do not use this space.

3524

1. PLACE OF DEATH

County..... Registration District No. **791**
Township **Solons** Primary Registration District No. **4708**
City **Solons** (No. **Lutheran Hospital**) St. _____ Ward _____

File No. _____
Registered No. **458**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. **3121 Iowa Ave S. 24** 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 **Female** 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 **Henry Bruening**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 9-1878**

7. AGE YEARS **54** MONTHS **5** DAYS **2** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **at home**
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) **Illinois**

13. NAME **Charles Kling**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **Gertrude Bauer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **Henry Bruening 3121 Iowa Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's and Paul** DATE **Jan 14 1933**

19. UNDERTAKER (ADDRESS) **Petz Bros 3029 Lafayette Ave**

20. FILED **JAN 13 1933** Registrar **E. H. ...**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 11 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 4 1933** to **Jan 10 1933**
I last saw him alive on **Jan 10 1933**. Death is said to have occurred on the date stated above, at **3:40 a.m.**
The principal cause of death and related causes of importance were as follows:

11A
broncho. Pneumonia **Jan 8 1933**
Other contributory causes of importance: **Grippe**

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? **No**
If so, specify _____
(Signed) **J. P. Demerick Jr**, M. D.
(Address) **6200 Chestnut Ave**

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

MARGIN RESERVED FOR BINDING

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.

235
2
31
31

Dr. J. P. Henning
6200 Columbia Ave -

Hi 0223

7-8-