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.

SEP 26 1933

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

Do not use this space.

28223

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 7351

City St. Louis, Mo. (No. 6140, Oakland Deaconess Hospital Ward)

2. FULL NAME Mr. Henry Bruning

(a) Residence, No. 6014 Marmaduke St., 3 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 64 yrs. 6 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marie Ujka Bruning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 30, 1869

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	6	23	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) Aug. 18, 1933

11. Total time (years) spent in this occupation 6 yrs

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

FATHER

13. NAME Henry Bruning

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

MOTHER

15. MAIDEN NAME Johanna Gieseking

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

17. INFORMANT (ADDRESS) Marie Bruning 6014 Marmaduke

18. BURIAL, CREMATION, OR REMOVAL
PLACE Concordia Cemetery DATE 19

19. UNDERTAKER (ADDRESS) Biederwieder Funeral Home, Inc. 1936 St. Louis Avenue

20. FILED AUG 26 1933 19 J F Biedeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1933, to Aug 23, 1933

I last saw him alive on Aug 23, 1933 Death is said to have occurred on the date stated above, at 8:15 A.M.

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

	Date of onset
Bronchi. Pneumonia	8-22-33
107A	
106A	
75A	
107a	

Other contributory causes of importance:

1 Delirium Tremens	8-19-33
2 Ac. Bronchitis	8-19-3

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

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) H. F. Courland M. D.

(Address) 5930 Southwest Ave