

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

Do not use this space.

41127

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.

JAN 26 1934

1. PLACE OF DEATH
 County St. Charles Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Charles (No. 920, North Third) St. Ward

2. FULL NAME Ella Bruenewald
 (a) Residence, No. 920 N. 3rd St. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Bruenewald

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5-1872

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
61	8	3	

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

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

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. Charles County Mo.

FATHER 13. NAME James Bowles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Paul Mo.

MOTHER 15. MAIDEN NAME Sally Hoffmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles County Mo.

17. INFORMANT Carl Bruenewald
 (ADDRESS) 920 N. 3rd St. St. Charles Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Nicholas DATE Dec 11 1933

19. UNDERTAKER H. Schaefer & Sons Co
 (ADDRESS) 800 N. 3rd St. St. Charles Mo.

20. FILED 12/11/33 19 Registrar

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1933

2. I HEREBY CERTIFY, That I attended deceased from Dec 2 1933, to Dec 8 1933
 I last saw alive on Dec 8 1933 Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
131
131
 Other contributory causes of importance:

Date of onset	<u> </u>
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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) J. Schaefer, M. D.
 (Address)

