AUG 18 1936

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

Do not use this space.

28115

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St. Louis, Mo (No. ....., Sanitarium St. ..... Ward)

File No. .....

Registered No. 6861

2. FULL NAME John N. Bruno

(a) Residence, No. 5025 Kensington Ave St., 12 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred About 70 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24, 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	4	12	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) About 1900

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Centreville Illinois

FATHER

13. NAME John Bruno

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER

15. MAIDEN NAME Mary Hebert

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) Wyman H. Oppel 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cem. DATE July 8/36, 19

19. UNDERTAKER (ADDRESS) Jos W. Cook. 1125 Hodiamont Ave.,

20. FILED JUL 7 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1936, 19, to July 6, 1936, 19

I last saw him alive on July 6, 1936, 19 Death is said to have occurred on the date stated above, at 12.17 m. P.M.

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

		Date of onset
Bronchol~~ithiasis~~ iectasis	7-1-36x	
Pulmonary Congestion	7-5-36	

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Other contributory causes of importance:

Aortic Aneurysm	7-1-36x	
Arteriosclerosis	7-1-36x	
Cholelithiasis	7-1-36x	

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

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

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) Wyman H. Oppel, M. D.

(Address) 5400 Arsenal

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.