

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City Richmond Heights

Registration District No. 1170
Primary Registration District No. 6248-H.
(No. St. Mary's Hospital)

File No. 13669
Registered No. 76
St. _____ Ward _____

2. FULL NAME

Sister Marii Christana Bruns
(a) Residence, No. 1018 Golden Ave. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

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

Female White Single

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

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

Dec. 16, th 1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

46 — 3 0

OCCUPATION

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

School Teacher

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)

Cincinnati Ohio

13. NAME

Bruns

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

Sister Cupertino 1018 Baden Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Aldenburg Ind. DATE March 18 1937

19. UNDERTAKER (ADDRESS)

Edward P. Kelly 3516 N. 14th St. St. Louis Mo.

20. FILED

March 17, 1937. Sam A. Bassett
Registrar.

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

Mar. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from

Mar 11, 1937, to Mar 16, 1937I last saw her alive on Mar 16, 1937. Death is saidto have occurred on the date stated above, at 7:50 p.m.

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

Date of onset

P. of Food Loss Shock with Cardiac Failure

Other contributory causes of importance:

Cholecystitis & Cholelithiasis

Name of operation

Cholecystectomy

Date of

3/15/37What 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 _____, 1937

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) _____

M. D.

(Address) _____

James F. Clancy, M.D.

(Over)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Principal cause of death:

"Post-operative liver shock with cardiac failure"

Other contributory causes of importance:

"Cholecystitis and cholelithiasis"

Name of Operation:

"Cholecystectomy"