

OCT 26 1937

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

35233
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis Registration District No. 786
(b) Township _____ Primary Registration District No. 4469 Registered No. 50
(c) City Maplewood (d) Street No. 2022 Hiawatha St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Euphemia Bruns Decker
(a) Residence, No. 2022 Hiawatha Ave. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William E. Decker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1844
7. AGE YEARS 93 MONTHS 4 DAYS 27 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Westphalia Missouri
13. NAME Bernard Bruns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Bonnetta Kusberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT (ADDRESS) Dorothea D. Sample 531 Lindendale Grove
18. BURIAL, CREMATION, OR REMOVAL PLACE Walshalla Cemetery Oct 9 1937
19. FUNERAL DIRECTOR (ADDRESS) Carroll Lind 10 Webster Groves
20. FILED Oct 11 1937 Pauline Gretenstein Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1937
22. I HEREBY CERTIFY, That I attended deceased from May - 6 - 1936, to Sept 30 1937
I last saw her alive on Sept 30 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:
Senility
Myocarditis
Pneumonia Lobar
Date of onset 9-27-37
108
Other contributory causes of importance:
Name of operation none 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) P. E. Guston, M. D.
(Address) Webster Groves, Mo.

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.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, Corin B Lang, Licensed Embalmer No. 1581

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Corin B Lang
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Corin B Lang
Licensed Embalmer No. 1581

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)