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.

REC'D MAR 13 1939

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

4968
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1661

1. PLACE OF DEATH

(a) County
(b) Township
(c) City or Town: St. Louis
(d) Street No. Mo. Baptist Hospital 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 1639 Henry G. Bruns

(a) Residence, No. 4143a Shenandoah Ave. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Minnie Lee Bruns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	74	0	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed
9. Industry or business in which work was done, as saw mill, bank, etc. Electrician
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) Mo.

FATHER
13. NAME Unknown Bruns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown Gerkin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Lee H. Bruns
(ADDRESS) 4200 Clay Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dittmer Mo. DATE 2-21 1939

19. FUNERAL DIRECTOR (NAME) Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway

20. FILED FEB 21 1939, 19.... J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-19 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939, to Feb 19, 1939
I last saw him alive on Feb 19, 1939. Death is said to have occurred on the date stated above, at 2:15 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchiectiectasis	

Other contributory causes of importance:

arterio-Sclerosis

Name of operation 0 Date of
What test confirmed diagnosis? Phy. Ex. 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) J. Homan, M. D.
(Address) 4903 Delmar ave
J. Homan

(Licensed Embalmer's Statement on Reverse Side)

4903 Delmar ave

12-2

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Reinhold K Lohrmann

Licensed Embalmer No. 3395

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.