

1939 MAR 23 1939

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

7656  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Charles 2 Registration District No. 757  
(b) Township St. Charles 1 Primary Registration District No. 5998  
(c) City ..... (d) Street No. .... 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

652 Mrs. Mary Bruns  
(a) Residence, No. Rt 2 - St. Charles Mo 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
77 10 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as 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) St. Charles County, Mo  
(STATE OR COUNTRY)

FATHER 13. NAME Geo. Amaloud

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

MOTHER 15. MAIDEN NAME Not Known

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

17. INFORMANT Alvin Bruns  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lutheran Cemetery DATE February 21, 1939

19. FUNERAL DIRECTOR (NAME) Wheeler - Baur  
(ADDRESS) St. Charles Mo

20. FILED 2/20 1939 Clarence S. Mueller  
Local Registrar. 679

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 18 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1937, to Feb 18 1939

I last saw her alive on Feb 14 1939. Death is said to have occurred on the date stated above, at 8:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Congestive Heart Failure  
Myocardial Regeneration

Date of onset

Other contributory causes of importance: 92

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) Vincent A. Schneider / M. D.  
(Address) St. Charles, 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.

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**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..... *Arthur C. Bove*

Licensed Embalmer No. *315-V*

P. O. Address *St Charles*

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

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