

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29635

FILED SEP 5 1940  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1498

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Manchester  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Manchester Nursing Home 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20 Months  
(Specify whether years, months or days)  
In this community 40 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town 429 St. Louisall Place  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4236a Randall Place  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Louisa Bruening L.S.S  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. NONE

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 19 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 10 17 hr. \_\_\_\_\_ min.

9. Birthplace: G Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Bruening  
13. Birthplace Germany 6  
(City, town, or county) (State or foreign country)  
14. Maiden name Katharine Phillips  
15. Birthplace Germany 6  
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Bruening  
(b) Address 4031 Lexington Ave St Louis Mo

17. (a) Burial (b) Date thereof Aug 8 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Peters Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home Inc

(b) Address 1936 St Louis Ave  
19. (a) AUG 6- 1940 (b) R. Meyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 5  
year 1940 hour 11:15 minute P M.

21. I hereby certify that I attended the deceased from June 30th 1939, to August 5th 1940  
that I last saw her alive on August 5th 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration \_\_\_\_\_  
Other conditions Astoria Sclerosis  
(Include pregnancy within 3 months of death)

Due to 131

Due to \_\_\_\_\_

Major findings: Astoria Sclerosis  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature R. N. Jensen (M. D. country) 1  
Address Manchester Mo Date signed 8/6/40

**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 *John J. Krispin*

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

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

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