

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38667

State File No.

Registration District No. 303

Primary Registration District No. 4182

Registrar's No.

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Hermann
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Workmann Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community /
years, months or days)

3. (a) PRINT FULL NAME ARTHUR JOHN BRUENS

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hulda Bruens 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased January 20 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 9 Days 12 If less than one day
hr. _____ min. _____

9. Birthplace Hermann Missouri RFD
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name Geo. Bruens
13. Birthplace Hermann Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amalie Feil
15. Birthplace Hermann Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arthur Bruens

(b) Address Hermann, Missouri RFD

17. (a) Burial (b) Date thereof Nov. 3, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hermann City Cemetery

18. (a) Signature of funeral director Hugo H. Blumer

(b) Address Hermann, Missouri

19. (a) 11-3-40 (b) Anna R. Rieckhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Hermann, RFD
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
year 1940 hour 8:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from Oct 28, 1940, to Nov 1, 1940;

that I last saw him alive on Nov 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis Duration _____

Gall bladder disease
Due to Cholecystectomy

Due to _____

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Gall Stones
Of operations Chronic appendicitis
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? _____

274 (Specify type of place) (e) Means of injury _____

23. Signature Howard Workman (M. D. or other) _____

Address Hermann Mo Date signed 11-3-40

AUG 5 1958
JUL 30 1958

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.....

Hugh H. Blumer

Licensed Embalmer No..... 3160

P. O. Address..... Hermann, Missouri

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.)

If this body is not embalmed, fact should be so stated above.