

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 4 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

14170

State File No. _____
Registrar's No. 126

Registration District No. 125 Primary Registration District No. 3009

1. PLACE OF DEATH:

(a) County Cape Girardeau Mo
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
115 & Fredrick St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 83 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape 16
(c) City or town Cape Girardeau 1
(If outside city or town limits, write "RURAL")
(d) Street No. 115 & Fredrick St. 4
(If rural, give location)
(e) If foreign born, how long in U. S. A.? April 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st
year 1941 hour 6 minute 5 a. M.
21. I hereby certify that I attended the deceased from Mar 18th 1941, to April 1st 1941, that I last saw him alive on Mar 31st 1941, and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio Sclerosis
Due to age
Due to 97
Other conditions _____
(Include pregnancy within 3 months of death)

Duration

2

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 J. B. Achuck (M. D. or other) _____
Address Cape Girardeau, Mo Date signed 4/2/41

3. (a) PRINT FULL NAME Karl H. L. Bruenig

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

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased: Sept 2 1857
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Cape Girardeau, Mo (City, town, or county) (State or foreign country)

10. Usual occupation Tobacco worker

11. Industry or business _____

12. Name Louis Bruenig

13. Birthplace Mersertzen, Germany (City, town, or county) (State or foreign country)

14. Maiden name Anna Y. Erick

15. Birthplace Mersertzen, Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. O'Connell

(b) Address 115 & Fredrick Cap. Gir. Mo

17. (a) Burial (b) Date thereof 4-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Larumier Cemetery

18. (a) Signature of funeral director George F. H. H. _____
(b) Address Cape Girardeau, Mo

19. (a) 4-2-41 (b) J. B. Achuck
(Date received local registrar) (Registrar's signature)

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

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.....

Was embalmed

Registered Apprentice No.

working under my personal supervision.

Signed.....

W. H. Estes

Licensed Embalmer No. *3568*

P. O. Address. *Cape Girardeau 20*

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.