

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25051

Registration District No. 303

Primary Registration District No. 5420

Registrar's No.

1. PLACE OF DEATH: Gasconade
(a) County: Gasconade
(b) City or town: Rural -- Roark
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 25 years
In this community: 25 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: MARY BRUENS
3. (b) If veteran, name war: No.
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife: John Bruens
6. (c) Age of husband or wife if alive: 15 years
7. Birth date of deceased: Nov. 15 1853
(Month) (Day) (Year)

8. AGE: Years: 87 Months: 8 Days: 7 If less than one day hr. min.

9. Birthplace: Bay Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Hwf.

11. Industry or business:

MOTHER FATHER { 12. Name: Henry Schneider
13. Birthplace: Germany
(City, town, or county) (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Germany
(City, town, or county) (State or foreign country)

16. (a) Informant: John Schneider
(b) Address: Hermann, Missouri RFD
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7/24/41
(Month) (Day) (Year)
(c) Place: burial or cremation: Bruens Family Cem.

18. (a) Signature of funeral director: Herman Blumer
(b) Address: Berger, Missouri
19. (a) 7-24-41 (Date received local registrar) (b) Anna R. Rickhoff (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 037
(a) State: Missouri (b) County: Gasconade
(c) City or town: Rural Hermann
(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.: 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month: July day: 22
year: 1941 hour: 10:30 minute: 00 A.M.
21. I hereby certify that I attended the deceased from July 1, 1941, to July 22, 1941;
that I last saw her alive on July 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Nephritis
Duration:

Due to:
Due to:

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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) Means of injury:
23. Signature: Edward Hermann (M. D. or other) 0
Address: Hermann Date signed: 7-24-41

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, ~~on~~ by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Herman Blumner

Licensed Embalmer No.

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P. O. Address. *Berger, 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.