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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25710

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7128

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3836 So. Main Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community 15 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis 24
(If outside city or town limits, write "RURAL")
(d) Street No. 3836 So. Main
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Hattie Bruner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 21 (Day) 1884 (Year)

8. AGE: Years 58 Months 3 Days 3 If less than one day hr. min.

9. Birthplace Hillsboro (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation Housework

11. Industry or business Home

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Minnie Ochs
15. Birthplace Paducah (City, town, or county) Ky. / (State or foreign country)

16. (a) Informant Fannie Shanweger
(b) Address 7433 ale Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 26 (Day) 42 (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette

19. (a) AUG 25 1942 (Date received for registration) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24 year 1942 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from August 13, 1942, to August 24, 1942, that I last saw him alive on August 24, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach — Duration 6 mo
Due to Myocarditis — Duration 6 mo
Due to Nephritis, Acute — Duration 2 weeks
Other conditions (Include pregnancy within 3 months of death) NO

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: No
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Leroy E. Ellison M.D. (M. D. or other) M.D.
Address 3616 So Broadway Date signed 8-25-42

844 (Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.