

Registration District No. 116

Primary Registration District No. 3020

1. PLACE OF DEATH:

(a) County Franklin
 (b) City or town Washington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Francis Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida C. Bruch

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Otto Bruch 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Oct. 5 1872
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Union, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Wm. Dress
 13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Charlotte Ruschmalf
 15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary C. Meyersieck
 (b) Address Union, Missouri

17. (a) Burial (b) Date thereof 6-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

18. (a) Signature of funeral director Wm. H. Brown

(b) Address Union, Missouri

19. (a) 6-8-43 (b) Fred J. Ruedter, Deputy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
 (c) City or town Union 5
(If outside city or town limits, write "RURAL") 0
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
 year 1943 hour 12 minute 00 P.M.

21. I hereby certify that I attended the deceased from 9-11-42, 1942, to 6-6, 1943
 that I last saw her alive on 6-6, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac failure 5 hrs
Duration

Due to Arteriosclerotic Heart Disease 10 yrs
Duration

Due to _____

Other conditions Hypostatic Pneumonia 12 hrs
(Include pregnancy within 3 months of death) 6 yrs
Respiratory Acidosis
 PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____
gnd

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 B. H. Strickman (M. D. or other) M.D.
 Address Union, Mo. Date signed 6-7-43

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

6662

8761 9 1 7111

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..... *W. H. Horn*
Licensed Embalmer No. *3175*
P. O. Address *Union, Mo.*

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.