

S. No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29589**
Registrar's No. **15**

FILED SEP 14 1943
Registration District No. **2123**

Primary Registration District No. **6226**

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

1. PLACE OF DEATH:
(a) County **Warren "Rural"**
(b) City or town **Marthasville Mo.**
(c) Name of hospital or institution: **1 Chamette**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **Warren**
(c) City or town **Marthasville MO**
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Wm H Bruning Sr**
3. (b) If veteran, name war. 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Aug** day **27** year **1943** hour **2:00** minute **0** a.m.
21. I hereby certify that I attended the deceased from **1st** 1944 to **Aug 27** 1943
that I last saw him alive on **Aug 26** 1943 and that death occurred on the date and hour stated above.

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **Widowed**
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased. **July 3 1875**
(Month) (Day) (Year)

Immediate cause of death
Due to **Ch. Myocarditis** Duration **2 yr**
Due to **Hyph. tentoria**
Due to
Other conditions **Epilepsy** Duration **15 yr**
(Include pregnancy within 3 months of death)

8. AGE: Years **68** Months **1** Days **34** If less than one day hr. min.
9. Birthplace **St Louis MO** (City, town, or county) (State or foreign country)

Major findings: Of operations. **93d**
Of autopsy.

MOTHER FATHER
11. Industry or business
12. Name **Henry BRUNING**
13. Birthplace **Marthasville** (City, town or county) (State or foreign country)
14. Maiden name **Estel Kehr**
15. Birthplace **Marthasville** (City, town, or county) (State or foreign country)
16. (a) Informant **Rev. J. P. ...**
(b) Address **Marthasville MO**
17. (a) (b) Date thereof (Month) (Day) (Year)
(Burial, cremation, or removal)
(c) Place: burial or cremation **St Louis MO**
18. (a) Signature of funeral director **John J. Geisler**
(b) Address **7025 Gladona**
19. (a) **Aug 27, 1943** (b) **Estel Kehr**
(Date received local registrar) (Registrar's signature)

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. C. ...** (M. D. or other) **MD**
Address **Marthasville MO** Date signed **8/31/43**

1263 (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.....

Licensed Embalmer No.....

P. O. Address.....

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.