

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED SEP 21 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2066

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2900 Ashby Rd  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2900 Ashby Rd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Virginia Bruno

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

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

6. (b) Name of husband or wife Elmer Bruno 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased Nov 27 1897  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 9 15 hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Charles VanHoogstraat

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

14. Maiden name Louise Van Hoogstraat

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

16. (a) Informant Elmer Bruno

(b) Address 2900 Ashby

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home

(b) Address 9222 Lackland Overland Mo

19. (a) SEP 15 1943 (Date received local registrar) (b) E. D. Mc Kevran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 12 year 1943 hour 6:30 minute P.M.

21. I hereby certify that I attended the deceased from 6-7-43 to 9-12- 1943

that I last saw her alive on 9-11- 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectosigmoid. Duration 6 mos

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) (e) Means of injury -  
Signature E. J. Fuchs (M. D. or other) FUCHS  
Address 608 K. Highland Date signed 9-13-43

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

608 Highland

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**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 Al. C. Oitmann

Licensed Embalmer No. 3478

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.**