

19526

State File No.

FILED JUN 23 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5460

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:
Lutheran Altenheim - 1 yr +
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 8721 Halls Ferry Road
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Carl Bruening3. (b) If veteran, name war 2 3. (c) Social Security No. 24. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased December 2 1868
(Month) (Day) (Year)8. AGE: Years 75 Months 6 Days 13 If less than one day hr. _____ min. _____9. Birthplace Cape Girardeau Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Nil

11. Industry or business _____

12. Name Diedrich Bruening13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Miss Sherman(b) Address 8721 Halls Ferry Road17. (a) Burial (b) Date thereof June 17, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Concordia Cemetery18. (a) Signature of funeral director Beiderwieden F. H. Inc.(b) Address 1936 St. Louis Ave.19. (a) JUN 17 1944 (b) J. F. Prudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1944 hour 2 minute 30 P. M.21. I hereby certify that I attended the deceased from March 3 1944 to June 15 1944
that I last saw him alive on June 14 1944
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis Duration 2 yrs?

Due to _____

Due to _____

Other conditions arteriosclerosis 5 yrs?
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

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 Gene D Arnold (M. D. or other) MDAddress 1449 Mc Laran Date signed 6/16/44

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. 3737

P. O. Address 1936 N. Louisa

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.