S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40967

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 283

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 828 W Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ 1 (Specify whether
In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 828 W. Main Ste
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME CATHERINE BRUNS
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 Single
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 4, 1882 (Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 1 If less than one day hr. ✓ min.

9. Birthplace Jefferson City, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At Home.
11. Industry or business Self
FATHER
12. Name Rudolph Bruns
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Fredia Winter
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Fredia Bruns
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation St Peters Cemetery
18. (a) Signature of funeral director Sylvester Dulle
(b) Address Jefferson City, Mo
19. (a) 12-8-44 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5 year 1944 hour 11:30 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec 5, 1944, to Dec 5, 1944 that I last saw her alive on never saw her alive 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Artery	Don't know
Due to Unknown	
Due to Unknown	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 94a	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature James A. Hall MD (M.D. or other)
Address Jefferson City Date signed 12/9/44

874

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 12-19-44

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 Sylvester Quille

Licensed Embalmer No. 4321

P. O. Address Jefferson City, 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.