. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4522

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1971

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:
City Sanitarium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 yrs 10mos 20ds. (Specify whether
In this community 33 years 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9/3
(If outside city or town limits, write "RURAL")

(d) Street No. 5400 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? Yes 0 (Yes or No)

If yes, name country Germany

3. (a) PRINT FULL NAME BRUNO LUFT

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced widower 2

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April (Month) 17 (Day) 1867 (Year)

8. AGE: Years 77 Months 9 Days 27 If less than one day hr. min.

9. Birthplace Breslau (City, town, or county) 4 Germany (State or foreign country)

10. Usual occupation Dishwasher

11. Industry or business ----

FATHER
12. Name Bernard Luft
13. Birthplace not known (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Bertha Brauer
15. Birthplace not known (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Frieda A Singler
(b) Address 5400 Arsenal St.

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 2-20-45 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis V.

18. (a) Signature of funeral director W Kuhter
(b) Address 3500 Kutzen St

19. (a) FEB 28 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1945 hour 9:40 minute P. M.

21. I hereby certify that I attended the deceased from 12-1-44, 19..., to 2-14-45, 19...;
that I last saw him alive on 2-14-45, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombus	12hrs
Chronic Myocarditis	1944x
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

Major findings:
Of operations

Of autopsy no

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 0

23. Signature Palmer Roscoe Bowdish (M. D. or other)

Address 5400 Arsenal St Date signed 2/14/45

(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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.