

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 15 1945

Primary Registration District No. 4187

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Union
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Thomas B. Bruch

3. (b) If veteran, name war: —

3. (c) Social Security No. —

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: Oct. 18, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>4</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Retired County Officer

11. Industry or business _____

12. Name Thomas Bruch

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

14. Maiden name Elizabeth Becker

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

16. (a) Informant Mrs. Oscar Busch

(b) Address Union, Missouri

17. (a) Burial (b) Date thereof 2-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Missouri

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

(b) Address Union, Missouri

19. (a) 2/23/45 (b) Donald W. Papp
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Union 36
(If outside city or town limits, write "RURAL")

(d) Street No. 3
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21 year 1945 hour 3 minute 00 a.m.

21. I hereby certify that I attended the deceased from 1-15 to 2-21, 1945, and that I last saw him alive on 2-20, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of urinary bladder

Duration 1.4 yr.

Due to _____

Due to _____

Other conditions Sexuality
(Include pregnancy within 3 months of death)

Major findings: Sexuality
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 _____

23. Signature H. M. Denny (M. D. or other) M. D.
Address Union Mo Date signed 2-23-45

RECEIVED

District Health Officer No. 9,

District File Number.....

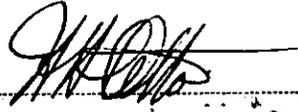
Date Filed 3-13-45

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. 2464

P. O. Address Washington, 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.