

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Missouri Baptist Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 day  
(Specify whether)  
 In this community life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County 006  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2209 N. Flourissant  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME FRANCES MARIE BRUNING  
 (b) If veteran, name war \_\_\_\_\_  
 (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month June day 2  
 year 1944 - hour 1 AM minute 13 - M.

4. Sex Female 5. Color or race W.  
 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Walter Bruning  
 (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Nov. 1 1900  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 5-29-44 to 6-2-44  
 that I last saw her alive on June 1 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 44 Months 7 Days 1  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
 9. Birthplace St. Louis 17  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home

Immediate cause of death: Carcinoma of Pelvic colon  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Charles Runnel  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary (DeKun)  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of Pelvic Colon  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter Bruning  
 (b) Address 2209 N. Flourissant  
 17. (a) Burial (b) Date thereof June 5 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Wm. B. DeKun  
 18. (a) Signature of funeral director J. F. Bruning  
 (b) Address 1926 St. Louis Ave.  
 19. (a) JUN 5 1944 J. F. Bruning  
(Date received local registrar) (Registrar's signature)

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 John D. Maguard (M. D. or other) \_\_\_\_\_  
 Address Metropolitan Bldg Date signed 6-2-44

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 Delix J. Kraspin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

**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.**