DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34543

FILED NOV 10 1945

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 2566

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

1. PLACE OF DEATH:

(a) County St.Louis

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

(c) Name of hospital or institution: 4080 Mt.Olive ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St.Louis 96

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

(d) Street No. 4080 Mt.Olive Dr.
(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 No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Herman Bruns

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

7. Birth date of deceased January (Month) 19 (Day) 1864 (Year)

8. AGE: Years 81 Months 9 Days 17 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business .....

FATHER
12. Name Unknown Loepker
13. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs.Mary Lenhardt
(b) Address 3800 Mt.Olive ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov.9,1945 (Month) (Day) (Year)
(c) Place: burial or cremation Mt.Olive Cemetery C.Hoffmeister U.&.L.Co.

18. (a) Signature of funeral director 7814 S.Broadway
(b) Address .....

19. (a) 11-8-45 (Date received local registrar) (b) E.G.McGovran M.D. (Registrar's signature) 2 SW

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6 year 1945 hour 5 minute a.m. M.

21. I hereby certify that I attended the deceased from Sept 20, 1945, to Nov 6, 1945 that I last saw her alive on Nov 5, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	2 da.
Due to: Acute Interstitial Neph. with Edema	1 mo
Due to: Senility 130	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature A.A. Mulach (M. D. ~~[illegible]~~)

Address 7405 Mich. Av. Date signed 11/6/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Murlock

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 Lucius C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.