No. 2
—5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28201

State File No.

FILED AUG 29 1946

Registration District No. 579

Primary Registration District No. 3066

Registrar's No. 1707

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
319 W Manchester Road. /
(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 Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 319 W. Manchester Road. 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Cora Mae Bruno.

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Walter C. Bruno.

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased July 13, 1903.
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	1	1	hr. min.

9. Birthplace Logan County, Kentucky. /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Neal.
13. Birthplace Logan County, Kentucky. /
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Miller.
15. Birthplace Logan County, Kentucky. /
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter C. Bruno.
(b) Address 319 W. Manchester Road.

17. (a) Burial (b) Date thereof 8-17-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) 8-16-46 (b) E G McGavran M D
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th.
year 1946 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from June, 1944 to Aug 14, 1946
that I last saw her alive on Aug 14, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardio renal disease	3 yrs.
Due to Cirrhosis of Liver	2 yr.
Due to 124 A	
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 0

23. Signature O. E. Seabaugh Jr. (M. D. or other) MO
Address 105 W. Lockwood Ave Date signed 8-15-46

(Licensed Embalmer's Statement on Reverse Side) Webster Groves Mo

Dr. O.D.Seabaugh.
105 W. lochwood Blvd.
hours 3 to 5 P.M.
telephone Webxster 502

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 Clement McNeny

Licensed Embalmer No. 3732

P. O. Address 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.