

S. No. 2
OM-8-13
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U.S. STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32897**
Registrar's No. **358**

Registration District No. **47** Primary Registration District No. **3008**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
4
1
2
31725

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 1. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years 1 month
(Specify whether years, months or days)

In this community same

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 14

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

(d) Street No. 8737 Congress Court 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME IDA BRUNS.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced M. /

6. (b) Name of husband or wife CHARLES 6. (c) Age of husband or wife if alive D. K. years

7. Birth date of deceased 10. 14 1968
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 31 year 1946 hour 3.00 minute 2 A.M.

21. I hereby certify that I attended the deceased from 10-29-46, 1946, to 10-31-46, 1946, that I last saw her ER alive on 10-31-46, 1946, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>10</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

Immediate cause of death Coronary Thrombosis.

Due to _____

Due to _____

Other conditions arteriosclerosis.
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name D.K.

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

14. Maiden name Hildebrand

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records.
(b) Address Fulton Mo.

17. (a) Removal (b) Date thereof Nov. 1st 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Mo.

18. (a) Signature of funeral director Elmer Y. Mangin
(b) Address 712 Cant St. Fulton, Mo.

19. (a) 11-1-1946 (b) Josie Moushuff
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy GPA

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? 0

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. Caldwell (M. D. or other) Mo.

Address Fulton Mo. Date signed 10/31/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 11/6/46

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 Glen Y. Manpin
Licensed Embalmer No. 2725
P. O. Address Fulton, 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.