

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25577
Registrar's No. 6391

FILED JUL 21 1947
318

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 days years, months or days)

3. (a) PRINT FULL NAME Arthur Bruner
3. (b) If veteran, name war None 3. (c) Social Security No. 491-14-7855

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elsie Gruner 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased December 5, 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
44 7 1 hr. min.

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

10. Usual occupation Musician

11. Industry or business _____

12. Name Arnold Gruner

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

14. Maiden name Edna Barthel

15. Birthplace New Athens, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elsie Gruner

(b) Address 5646 Labadie Avenue

17. (a) Burial (b) Date thereof 7-9-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Gardens

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue

19. (a) JUL 9 (b) J. F. Braden
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis (20)
(If outside city or town limits, write "RURAL")
(d) Street No. 5646 Labadie Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 47 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from
MAY 27, 1947, to July 6, 1947;
that I last saw him alive on July 6, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Due to Malignant hypertension

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 132
Of operations _____
Of autopsy _____

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 J. F. Braden (M. D. or other) _____
Address Barnes Hospital Date signed 7-6-47

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 M. Neary*
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.