

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12095

State File No.

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 months (Specify whether years, months or days)
In this community 14 months

3. (a) PRINT FULL NAME Hermine Johanna Bruens

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Kassen Henry Bruens 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased July 21 1869 (Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Bem Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Friedrich Drusch 4
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Wandersee
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant John Henry Bruens
(b) Address Owensville, Mo.

17. (a) Burial (b) Date thereof 4-3-148
(Burial, cremation, or removal) (Month) (Day) (Year)
Bem Ev. Cemetery
(c) Place: burial or cremation

18. (a) Signature of funeral director W. H. Winton
Owensville, Mo.
(b) Address

19. (a) 4-10-48 (b) Dorothy Thackman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Owensville 2
(If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31
year 1948 hour 10 minute P. M.

21. I hereby certify that I attended the deceased from 1-12-48 19 to 3-31 1948.
that I last saw her alive on 3-31 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 3 1/2 mos.
With Terminal Decompensation

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None of operations None of autopsy None
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?

While at work? (Specify type of place) Means of injury

23. Signature Paula Brunner (M. D. or P. D.)
Address Owensville, Mo. Date signed 4-2-48

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

Date Filed APR 23 1948

District File Number

District Health Officer No. 9

RECEIVED

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 _____

Harvey Kahle

_____, Registered Apprentice No. 9

working under my personal supervision.

Signed _____

Michael H. N. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville, 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.