

FILED MAY 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13484**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **3058** Registrar's No. **79**

1. PLACE OF DEATH a. COUNTY <b>St. Charles</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>Missouri</b> b. COUNTY <b>St. Charles</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>	c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Charles</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph's Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1110 Clay Street</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>George</b> c. (Last) <b>Bruns</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 5, 1949</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 22, 1882</b>	9. AGE (In years last birthday) <b>66</b> Months <b>7</b> Days <b>13</b>	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 14 HRS. _____
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10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS* OR INDUSTRY <b>Auto repair</b>	11. BIRTHPLACE (State or foreign country) <b>St. Charles County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Herman H. Bruns</b>	13b. MOTHER'S MAIDEN NAME <b>Louise Blasse</b>	14. NAME OF HUSBAND OR WIFE <b>Hilda Wallenbrock BRUNS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>492-05-9546</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Hilda Wallenbrock</b> ADDRESS <b>St. Charles, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>  <b>5 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Gen. arteriosclerosis</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>331X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/2/49**, 19\_\_\_, to **4/5/49**, 19\_\_\_, that I last saw the deceased alive on **4/2/49**, and that death occurred at **5:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. Bruns M.D.</b> (Degree or title)	23b. ADDRESS <b>126 S. Main</b>	23c. DATE SIGNED <b>4/5/49</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 8, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lutheran Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Charles, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-21-49</b>	REGISTRAR'S SIGNATURE <b>Francis Hanel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Halkmann-Bauer, Inc. St. Charles, Mo.</b> ADDRESS
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

92  
9  
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RECEIVED  
District Health Officer No. 9,  
District File Number  
MAY 9 1949  
Date Filed

DEC 5 1950

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.....

Student Embalmer No. ....

working under my personal supervision.

Signed Frederic W. Bane

Signed.....  
Student Embalmer

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.