

FILED JUN 27 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 20829

Registrar's No. 5059

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5059			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Lincoln					
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis		c. LENGTH OF STAY (in this place) 8 days		c. CITY (If outside corporate limits, write RURAL and give township) Troy					
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Children's Hospital				e. STREET ADDRESS (If rural, give location) W.R.					
3. NAME OF DECEASED (Type or Print) a. (First) Lois b. (Middle) Jean c. (Last) Bruning			4. DATE OF DEATH Month June Day 10 Year 1949						
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 9-28-42			
9. AGE (In years last birthday) 6		IF UNDER 1 YEAR Months 8 Days 13		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Troy, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Willard Bruning		13b. MOTHER'S MAIDEN NAME Clara Metcalfe		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Metcalfe, Troy, Mo.			ADDRESS _____	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Paralysis ANTECEDENT CAUSES DUE TO (b) Cerebral edema DUE TO (c) Tetanus Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) 12.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? OBIX					
22. I hereby certify that I attended the deceased from 6-2 , 1949, to 6-10 , 1949, that I last saw the deceased alive on 6-10-49 , 19____, and that death occurred at 12:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Wm. G. Klingberg MD				23b. ADDRESS 500 So. Kingshighway				23c. DATE SIGNED 6-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-10-49		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Troy, Mo.			
DATE REC'D BY LOCAL REG. JUN 10 1949		REGISTRAR'S SIGNATURE E. Blasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.				

(Licensed Embalmer's Statement on Reverse Side)

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

X Inquest 6/10/49 by Dr. Wm. G. Klingberg - (inquest)

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~~ by me

Student Embalmer No.

working under my personal supervision.

Signed Isaac W. Wilkinson

Signed
Student Embalmer

Licensed Embalmer No. 3575

P. O. Address St Louis 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.