

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33485

BIRTH NO. _____		REG. DIST. NO. <u>110</u>		PRIMARY REG. DIST. NO. <u>4181</u>		Registrar's No. <u>21</u>		
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Berger Boeuf</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Boeuf Township - Berger, MO</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fieselmann Residence</u>				d. STREET ADDRESS (If rural, give location) <u>Rosalie Street</u>				
3. NAME OF DECEASED (Type or Print) <u>WILLIAM HERMAN BRUENING</u>			4. DATE OF DEATH <u>11-2-1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-7-1865</u>		
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>9</u>		11. DAYS <u>27</u>		12. IF UNDER 16 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS* OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Berger, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Carl Bruening</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Louise Brenung died 1931</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Fieselmann, Berger, Mo</u>				
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mitral Regurgitation &amp; Cardiac decompensation.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<u>410X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>					<u>Don't know</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)				
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?				
22. I hereby certify that I attended the deceased from <u>Jan 14, 1944</u> , to <u>Nov 2, 1949</u> , that I last saw the deceased alive on <u>Nov 1, 1949</u> , and that death occurred at <u>4:45 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. V. Fieselmann MD.</u> (Degree or title)				23b. ADDRESS <u>New Haven, Mo.</u>		23c. DATE SIGNED <u>11/3/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/5/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Evang Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Berger, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 3-49</u>		REGISTRAR'S SIGNATURE <u>Jessie Brannaman</u> <u>93</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Blumer</u>		ADDRESS <u>Berger Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

District File Number \_\_\_\_\_  
District Health Officer No. 9,  
RECEIVED NOV 9 1919

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.

Student .....  
Student Embalmer

Signed *Gustav W. Dietrich* .....

Licensed Embalmer No. *4329* .....

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.