

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18821**
REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **1275**

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 3063		Registrar's No. 1275	
1. PLACE OF DEATH a. COUNTY St. Louis,				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri. b. COUNTY St. Louis,			
b. CITY (If outside corporate limits, write RURAL and give township) Clayton (5) Missouri.		c. LENGTH OF STAY (In this place) 5 years.		c. CITY (If outside corporate limits, write RURAL and give township) Clayton (5),		4452	
d. FULL NAME OF HOSPITAL OR INSTITUTION 743 Westwood Drive.				d. STREET ADDRESS (If rural, give location) 743 Westwood Drive.			
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN		b. (Middle) GREY		c. (Last) LIGHTHOUSE BRUNO.		4. DATE OF DEATH (Month) (Day) (Year) May 17, 1950.	
5. SEX Female!	6. COLOR OR RACE White.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married..		8. DATE OF BIRTH July 26, 1873.		9. AGE (In years last birthday) (If under 1 year: Months) (Days) (If under 24 hrs.: Hours) (Min.) 76 9 21.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home..		10b. KIND OF BUSINESS OR INDUSTRY Housewife.		11. BIRTHPLACE (State or foreign country) New Haven, Connecticut./		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Edmondson Topham.		13b. MOTHER'S MAIDEN NAME Jane Rushby.		14. NAME OF HUSBAND OR WIFE Frank J. Bruno.			
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 ADDRESS Frank J. Bruno.. 743 Westwood Drive..			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction (Recent 10/17)		ANTECEDENT CAUSES				5 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) gen. arteriosclerosis; marked				15 yrs	
		DUE TO (c) diabete mellitus				27	
II. OTHER SIGNIFICANT CONDITIONS		Hypertension				5 yrs	
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 260X				20. AUTOPSY? YES <input checked="" 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) St. Louis, MO			
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?			
22. I hereby certify that I attended the deceased from 1947 , to May 17, 1950 , that I last saw the deceased alive on May 11, 1950 , and that death occurred at 2:00 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE W. K. Roberts, M.D. (Degree or title)				23b. ADDRESS 3720 Washington		23c. DATE SIGNED 5-17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 5/19/50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
DATE REC'D BY LOCAL MAY 19 1950		REGISTRAR'S SIGNATURE Robert H. Winkler, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. LUPTON & SONS: 7233 Delmar Blvd.,			

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

Robert new Haven, Ind

JUN 29 1950

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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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.