

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

13847

|   |   |  |   |  |  |   |   |
|---|---|--|---|--|--|---|---|
| BIRTH NO. _____   |   | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>   |  | Registrar's No. <b>3511</b>   |   |
| 1. PLACE OF DEATH<br>a. COUNTY _____  |   |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY _____ |  |   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>   |   | c. LENGTH OF STAY (In this place) _____  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <b>2119</b>                          |  |   |   |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>3631a Page Avenue.</b>  |   |  |   | d. STREET ADDRESS (If rural, give location) <b>3631a Page Avenue.</b>  |  |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Nellie</b> b. (Middle) _____ c. (Last) <b>Bruin Bruen</b>  |   |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>April 13, 1951</b> |  |  |   |   |
| 5. SEX <b>Female</b>  | 6. COLOR OR RACE <b>White</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>                                  | 8. DATE OF BIRTH <b>Dec 31, 1878</b>                        |  | 9. AGE (In years last birthday) <b>72</b>                                | 10. UNDER 1 YEAR Months _____ Days _____  | 11. UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>   |   | 11. BIRTHPLACE (State or foreign country) <b>Missouri</b>  |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |   |
| 13a. FATHER'S NAME <b>Michael Higgins</b>   |   | 13b. MOTHER'S MAIDEN NAME <b>Mary Quigley</b>  |   | 14. NAME OF HUSBAND OR WIFE <b>James S. Bruin</b>  |  |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>  |   | 16. SOCIAL SECURITY NO. <b>None</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME <b>Bruin</b> ADDRESS <b>James Bruin - 3631a Page Avenue.</b>                                     |  |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line (a), (b), and (c)<br><i>The does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Heart.</b><br>ANTECEDENT CAUSES<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) <b>Atrio Chlerosis</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>one hr.</b><br><b>two hrs</b>                |   |
| 19a. DATE OF OPERATION _____  |   | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  | 20. AUTOPSY?<br>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) _____   |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |   | 21f. HOW DID INJURY OCCUR? <b>HHSX</b>   |  |   |   |
| 22. I hereby certify that I attended the deceased from <b>4-7, 1951</b> , to <b>4-13, 1951</b> , that I last saw the deceased alive on _____, 19____, and that death occurred at <b>8:20 P.m.</b> , from the causes and on the date stated above. |   |  |   |  |  |   |   |
| 23a. SIGNATURE <b>C. O. Connor M.D.</b> (Degree or title)   |   |  |   | 23b. ADDRESS <b>1816 Am Grand</b>  |  | 23c. DATE SIGNED <b>4-13-51</b>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>   |   | 24b. DATE <b>4-17-51</b>   | 24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>           |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b> |   |   |
| DATE REC'D BY LOCAL REG. <b>APR 15 1951</b>   |   | REGISTRAR'S SIGNATURE <b>J. B. Foster</b>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Harrigan-Sheahan</b> ADDRESS <b>4700 Washington Blvd</b>                                       |  |   |   |

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

Copied by aff

**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 \_\_\_\_\_

*J. W. Binkley*

Licensed Embalmer No. 3053

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.

Affidavits containing erasures will not be accepted: draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of..... }  
County of..... } ss.

State File No. 13847  
Local Registrar's No. 3514

AFFIDAVIT FOR CORRECTION OF A RECORD

On this..... day of....., 194....., before me appears....., who, upon..... oath, states that the original record of birth death for Nellie Bruen died 4-13-1951 on....., 19....., in the State of Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read Nellie Bruen BRUEN

Instead of..... Nellie Bruin

Item No. 17 should read James Bruen

Instead of..... James Bruin

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant James R. Bruen Inf. x 3631a  
Relationship.

3631a Page

Present Address.

Subscribed and sworn to before me this 9 day of May, 1945

My Commission expires 3-4-53 Earl C. Feltner Notary Public.