

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23030

State File No.

FILED JUN 27 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1461

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

1. PLACE OF DEATH a. CITY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis County, Pine Lawn</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2159</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>4300 Grace Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrack Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John L. Bruenig</u> b. (Middle) <u>BREUNIG</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>June 4, 1952</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Oct 25, 1870</u>
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>barber, SHOP</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARBERING</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo. U</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Philip Bruenig</u>	
13b. MOTHER'S MAIDEN NAME <u>Anna Herbert</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</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. M. Block</u>		17. ADDRESS <u>4300 Grace</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac decompensation</u> <u>Anterior chronic Cardio-vascular disease</u> DUE TO (c) <u>deaf</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u>	
18. INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>unknown</u> <u>unknown</u>		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		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) m.	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>May 28, 1952</u> , to <u>June 4, 1952</u> , that I last saw the deceased alive on <u>June 2, 1952</u> , and that death occurred at <u>6.2</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Lewis Littmann MD</u>		23b. ADDRESS <u>8231 Clayton Rd (17)</u>	23c. DATE SIGNED <u>6/4/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
DATE REC'D BY LOCAL REG. <u>6-4-52</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Dombke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Southern Funeral Home</u> ADDRESS <u>6322 S. Grand Blvd.</u>	

S.W. Licensed Embalmer's Statement on Reverse Side

DR. LEWIS LITTMANN

8231 Clayton Rd

365

Pa 0202

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.