

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15519**
3837

APR 23 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR St. Louis TOWN 2169	
c. LENGTH OF STAY (In this place) 2 yrs		d. STREET ADDRESS (If rural, give location) 3400 S. Grand. 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Little Sisters of the Poor			

3. NAME OF DECEASED (Type or Print) Gertrude		a. (First)	b. (Middle)	c. (Last) Bruning	4. DATE OF DEATH (Month) (Day) (Year) April 12, 1953		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 27, 1879	9. AGE (In years last birthday) 74	If UNDER 1 YEAR Months 2 Days 15	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Farvell	13b. MOTHER'S MAIDEN NAME Not known	14. NAME OF HUSBAND OR WIFE Otto Bruning
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME George Bruning	ADDRESS 1717 Allen Ave.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		2 1/2
	ANTECEDENT CAUSES DUE TO (b) Arterio. Sclerosis		3 yrs
DUE TO (c) Atheros. Sclerosis		2 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR 442X
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22. I hereby certify that I attended the deceased from **Feb 1952** to **Apr 12, 1953**, that I last saw the deceased alive on **Apr 7, 1953** and that death occurred at **8 A** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or Title)	23b. ADDRESS 607 No Grand	23c. DATE SIGNED 4/25
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/14/53	24c. NAME OF CEMETERY OR CREMATORY San Set Burial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL HEALTH OFFICER APR 14 1953	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE John H. Gebken Sons	ADDRESS 2630 Gravois Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Allen Davis

Licensed Embalmer No. 4053 is

P. O. Address 4104 Manchester Ave.

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.