

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40240**
Registrar's No. **11153**

FILED DEC 7 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, MISSOURI		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST. LOUIS
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 15 4457 MIAMI	

3. NAME OF DECEASED (Type or Print)	a. (First) ROBERT	b. (Middle) W.	c. (Last) BRUNING	4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 23, 1953
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 10-16-1909	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLER-AUTOMATIC FIRING CORP.	10b. KIND OF BUSINESS OR INDUSTRY ST. LOUIS, MO.	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME HENRY BRUNING	13b. MOTHER'S MAIDEN NAME MARIE UJKA	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MARIE BRUNING	ADDRESS 4457 MIAMI
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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, ashenic, 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) hemorrhage from Esophagus		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of the liver DUE TO (c) Chronic alcoholism		
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 checked="" type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 5811
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22. I hereby certify that I attended the deceased from **11-23-53, 19** to **11-23-53, 19**, that I last saw the deceased alive on **11-23-53, 19**, and that death occurred at **11:45a.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) G. J. Shickler M.D.	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 11-23-53
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE NOV. 25, 1953	24c. NAME OF CEMETERY OR CREMATORY CONCORDIA CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. NOV 24 1953	REGISTRAR'S SIGNATURE Frank Smith	25. FUNERAL DIRECTOR'S SIGNATURE W. KRIEGSHAUSER	ADDRESS 4228 S. KING'S-HIGHWAY
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed... *Richard W. Stover*

Licensed Embalmer No... *400*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**