

FILED APR 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13237**
Registrar's No. **3289**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Mo.				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 3 months	c. CITY OR TOWN Berkeley		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incarnate Word Hosp				e. STREET ADDRESS (If rural, give location) 8813 Airport Circle					
3. NAME OF DECEASED (Type or Print) a. (First) Toul			b. (Middle) A.		c. (Last) Bruns		4. DATE OF DEATH (Month) (Day) (Year) 4/11/54		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M		8. DATE OF BIRTH 11/14/1917		9. AGE (In years last birthday) 36	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Hours 28 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) special agent internal revenue			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.		
13a. FATHER'S NAME John Bruns			13b. MOTHER'S MAIDEN NAME Mary Clare Dulle		14. NAME OF HUSBAND OR WIFE Miriam				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes			16. SOCIAL SECURITY NO. 31-37-11		17. INFORMANT'S SIGNATURE OR NAME Mrs. M. Bruns ADDRESS 8813 Airport Circle				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Caecocolitis		MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. Cholera					
		ANTECEDENT CAUSES _____		DUE TO (b) _____					
				DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION 3/18/54		19b. MAJOR FINDINGS OF OPERATION pus in cyst of pancreas						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (Specify) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) 584X		(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? _____					
22. I hereby certify that I attended the deceased from 1948 , to 4/11 , 1954, that I last saw the deceased alive on 4/10 , 1954, and that death occurred at 5:27 m., from the causes and on the date stated above.									
23a. SIGNATURE Chas. H. Michalski (Degree or title) MD				23b. ADDRESS 2816 Sutter		23c. DATE SIGNED 4/11/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/14/54	24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) St. Louis Mo.		(State) _____		
DATE REC'D BY LOCAL REG. APR 14 1954		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE Jos. A. Howard		ADDRESS 1619 So. Grand			

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M. Murray*
.....

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

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.