

FILED DEC 19 1955

REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058

State File No. 41630 Registrar's No. 21

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Charles			c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Charles		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 126 N. Benton Ave.				e. STREET ADDRESS (If rural, give location) 126 N. Benton Ave. 09230					
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle)		c. (Last) Bruns		4. DATE OF DEATH (Month) (Day) (Year) December 12, 1955		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 25, 1872		9. AGE (In years last birthday) 83 # UNDER 1 YEAR Months Days # UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet Maker			10b. KIND OF BUSINESS OR INDUSTRY A.C.F. Industries		11. BIRTHPLACE (City and State or Foreign Country) St. Charles County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Richard Bruns			13b. MOTHER'S MAIDEN NAME Sandfort			14. NAME OF HUSBAND OR WIFE Lydia Heitgerd Bruns			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 438 16 7502		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Bruns, St. Charles, Mo.				ADDRESS	
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) Arteriosclerotic Ht. Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Generalized DUE TO (c) H 200 H II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate				INTERVAL BETWEEN ONSET AND DEATH 5.4 yr 10 yr 1 yr	
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 February 19 55, to Dec 12, 19 55, that I last saw the deceased alive on Dec 7, 19 55, and that death occurred at 8:51 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) William H. Poggenius, M.D.				23b. ADDRESS St. Charles, Mo.			23c. DATE SIGNED Dec 13, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 14, 1955		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) St. Charles, Mo.			
DATE REC'D BY LOCAL REG. Dec 14, 1955		REGISTRAR'S SIGNATURE Francis H. H. H. H.		25. FUNERAL DIRECTOR'S SIGNATURE H. H. H. H.		ADDRESS St. Charles, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 16 1961

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 *Francis M. Wilko*.....
Licensed Embalmer No. *4375*

P. O. Address *St. Charles*.....

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.