

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18329

State File No.

FILED MAY 27 1957

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <u>ST CHARLES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: resident before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. CHARLES</u>	
b. CITY OR TOWN <u>ST. CHARLES MO.</u>		c. CITY OR TOWN <u>ST. CHARLES MO.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>Rt. 4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 4</u>			

3. NAME OF DECEASED (Type or Print) <u>Ora</u>	a. (First)	b. (Middle)	c. (Last) <u>Bruns</u>	4. DATE OF DEATH <u>May 13 - 1957</u>
				(Month) (Day) (Year)

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 23 1884</u>	9. AGE (in years last birthday) <u>72</u>	UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
			Months	Days	Hours	Mins.	

10a. USUAL OCCUPATION (Give kind of work demanding most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mfg.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Charles County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry J Bruns</u>	13b. MOTHER'S MAIDEN NAME <u>Maria Amerland</u>	14. NAME OF HUSBAND OR WIFE <u>Alwine Schmiemeier Bruns</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY # <u>98-22-2277</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Alwine Bruns</u>	ADDRESS <u>St Charles Mo.</u>
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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) <u>Stokes-Adams Syndrome</u>		<u>10 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Complete Heart Block</u>		<u>5 YRS</u>
DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>10 YRS</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		<u>0 YRS</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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?
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22. I hereby certify that I attended the deceased from March 14, 1957, to May 13, 1957, that I last saw the deceased alive on May 3, 1957, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul H. Hopper MD</u>	23b. ADDRESS <u>St Charles, Mo</u>	23c. DATE SIGNED <u>5/15/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 16 - 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FRIEDENS CEM</u>	24d. LOCATION (City, town, or county) (State) <u>ST. CHARLES MO</u>
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DATE RECD BY LOCAL REG. <u>May 15 - 57</u>	REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bruns</u>	ADDRESS <u>St Charles Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 2 1958

JUL 15 1957

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 *Arthur C. Bunn*

Licensed Embalmer No. *3147*

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.