

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

21802

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170  
 Township Central Primary Registration District No. 6248H  
 City Richmond Heights St. Marys Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 140  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Jeanne Brusselbaek

(a) Residence No. 334 East Big Bend Blvd. Ward. St. Louis 10  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11, 1923

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>4</u>	<u>11</u>	<u>2</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

10. NAME OF FATHER Harry Brusselbaek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Edna Rodway

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY) Mo

14. INFORMANT Harry Brusselbaek  
 (Address) 334 East Big Bend Blvd.

15. FILED 6/14, 1928 L. S. Jensen  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13, 1928

17. I HEREBY CERTIFY That I attended deceased from June 12, 1928 to June 13, 1928  
 that I last saw alive on June 13, 1928 and that death occurred, on the date stated above, at 10:30 P. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

meningitis - (Streptococcus)

CONTRIBUTORY (SECONDARY) Bilateral Mastoiditis and otitis media.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED 334 E Big Bend  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 8, 28

19. WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS Examination of spinal fluid by cutting method.  
 (Signed) Mrs. J. Jangas, O. M. D.  
 (Address) 5803 Plymouth Ave.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cem. DATE OF BURIAL June 16, 1928

20. UNDERTAKER A. Kron L & N Co ADDRESS 2707 N. Grand Blvd.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORD WITH OBTAINING THIS IS A PERMANENT RECORD

