

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

Do not use this space.

22911

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis No. (No. ....) St. .... Ward)

File No. ....  
Registered No. **6334**

**2. FULL NAME** Otto Brueckmann.

(a) Residence No. 4412 N. Newstead Ave. St. 10 Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Brueckmann.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/6/1875.

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, .....hrs. or .....min.
<u>55</u>	<u>5</u>	<u>6</u>	<u>4</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Barber.  
(b) General nature of industry, business, or establishment in which employed (or employer) Self.  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois.

10. NAME OF FATHER Michael Brueckmann.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

12. MAIDEN NAME OF MOTHER Caroline Lippert.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany.

14. INFORMANT Mr. Elizabeth Brueckmann  
(Address) 4412 N. Newstead Ave.

15. JUN 12 1929 Max C. Stanley  
FILED 19 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/10/29 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1925 to June 10 1929 that I last saw h alive on June 10 1929, and that death occurred, on the date stated above, at 6-30 P 7 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Acute Dilatation of Heart  
Short time (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) Angina Pectoris  
arterio sclerosis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (IF NOT A PLACE OF DEATH)

DID AN OPERATION PRECEDE DEATH? DATE OF  
WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. Legs R. Tate M. D.  
, 19 (Address) 910 eubank

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla. Cemetery DATE OF BURIAL 6/13/29 19  
20. UNDERTAKER Crovoost bud Co ADDRESS 3710 N. Grand

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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