WRITE PLAINLY, 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.

APR 2 1934

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

Do not use this space.

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. ....., ... St. ..... Ward)

File No. 11027
Registered No. 2886

2. FULL NAME JOSEPH J BRUEGGEN
(a) Residence, No. 8786 N Broadway St., 8 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27th 1907
7. AGE: 26 YEARS — MONTHS: 4 DAYS: 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Sick for the 7 years
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

FATHER
13. NAME William Brueggen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

MOTHER
15. MAIDEN NAME Josephine Knobbe
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Co Mo

17. INFORMANT (ADDRESS) Josephine Brueggen 8786 N Broadway
18. BURIAL, CREMATION, OR REMOVAL Florissant Mo
PLACE Sacret Heart Cem DATE March 24th 1934
19. UNDERTAKER (ADDRESS) Edward Hogh 3516 N 14th St
20. FILED APR 22 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from 3/19, 1934, to 3/22, 1934
I last saw him alive on 3/21, 1934 Death is said to have occurred on the date stated above, at 49 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	1926
23A	

Other contributory causes of importance: 23

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) G F Chopin, M. D.
(Address) 8321 N. Bdwy

De Chezin