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

Do not use this space.

FEB 8 1937 791

1. PLACE OF DEATH

96 County ..... Registration District No. ..... File No. 3410

Township ..... Primary Registration District No. 1003 Registered No. 442

30 City St. Louis, (No. City Hospital No.1 St. ..... Ward)

B. 13057

2. FULL NAME Charles Bruer

(a) Residence, No. 450 [illegible] St., NR Ward. Kirkwood, Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
~~79~~	81	9	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer 26 2

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown retired 5 yrs.

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) Germany 15

FATHER

13. NAME Andrew Bruer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 15

MOTHER

15. MAIDEN NAME Sophie ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Hosp. Info. M.H.Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cem DATE Jan 13, 1937

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED JAN 11 1937 J F Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9 /37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/8/36, 19..., to 1/9/37, 19...

I last saw him alive on 1/ 9/37, 19..... Death is said to have occurred on the date stated above, at 5. p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Contusion Rt Hip

186a

Other contributory causes of importance:

uremia - caused by chr. nephritis

Name of operation none Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12-5, 1936

Where did injury occur? City Infirmary (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. City Infirmary

Manner of injury fell out of bed

Nature of injury Abrused Rt. Hip.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify S M Lindey

(Signed) ....., M. D.

(Address) City Hospital No.1

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.

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