380 REC'D APR 1 1938

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

8941
Do not use this space.

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St. Louis
Registration District No. 791
Primary Registration District No. 1003
Registered No. 2530
(d) Street No. City Hosp. #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Albert Bruder 636
(a) Residence, No. 1616 Franklin St. 25
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) July 15 1888
7. AGE: YEARS 49 MONTHS 7 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baker
9. Industry or business in which work was done, as saw mill, bank, etc.
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) Hungary
FATHER
13. NAME Michael Bruder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary
MOTHER
15. MAIDEN NAME Barbara Gottschall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary
17. INFORMANT (ADDRESS) Rudolph S. Bruder 1616 Franklin Av.
18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Paul DATE 3-16 1938
19. FUNERAL DIRECTOR (ADDRESS) Witt Bros. L. & Wy. 2929 S. Jefferson Av.
20. FILED MAR 16 1938, 19.... J. F. Biedick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Cardiac Hypetrophy
Aortitis (Syphilitic)

Other contributory causes of importance:

34

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

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? .....
If so, specify .....
(Signed) Alfred G. Perry M. D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Edgar F. Witt, Licensed Embalmer No. 2117

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul Shanklin

L. E.

No. 3472 or by, Registered Apprentice No.

working under my personal supervision.

Signed Edgar F. Witt

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)