

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS **791**  
 CERTIFICATE OF DEATH

1008

27311  
Do not use this space.Registered No. **7325**

## 1. PLACE OF DEATH

(a) County .....  
 (b) Township .....  
 (c) City **ST. LOUIS MO.** (d) Street No. **1724 N. 20 STR.** St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred **1** yrs. **6** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. **1724 N. 20 STR.** St. **26** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **IDA. BRUEGGENJUERGEN**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JAN 1<sup>st</sup> 1872**

7. AGE YEARS **66** MONTHS **7** DAYS **15** IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **MACHINIST**

9. Industry or business in which work was done, as saw mill, bank, etc. **LANDIS MACHINE CO**

10. Date deceased last worked at this occupation (month and year) **MAY 1937** 11. Total time (years) spent in this occupation **30 YRS**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **MILKSTADT ILL**

FATHER 13. NAME **HERMAN BRUEGGENJUERGEN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **VICTORIA BESSE**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT **Rudolph Brueggenjuergen** (ADDRESS) **1724 N. 20 STR.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ST. CLAIR, BOHNEMEIER ILL** DATE **AUG 20<sup>th</sup> 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **BROCKLAND UND. CO 1827 HOGAN STR.**

20. FILED **AUG 18 1938** **J. F. Budick** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG. 16<sup>th</sup> 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 12 38** to **Aug 16 38**  
 I last saw him alive on **Aug 12 38** 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:  
**Bright Disease since Jan 12/38 Chronic**

Other contributory causes of importance

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? **no** 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 **Bright Disease**  
 (Signed) **J. F. Budick**, M. D.  
 (Address) **1875 Madison**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*John B. Brockland*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*John B. Brockland*

Licensed Embalmer No. *93*

P. O. Address *St Louis Mo.*

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

**If this body is not embalmed, above space should be left blank.**