

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS 791  
CERTIFICATE OF DEATH 1008

30343

Do not use this space.

7780

## 1. PLACE OF DEATH

(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. .... Registered No. ....  
(c) City St. Louis ..... (d) Street No. Alexian Brothers Hospital ..... 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 Rudolph W. Brusselback

(a) Residence, No. 2221 Keokuk St. St. 24 .....  
(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 8 5

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

12. BIRTHPLACE (CITY OR TOWN) Jerseyville, Ill.  
(STATE OR COUNTRY)13. NAME Rudolph Brusselback14. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) Germany  
(STATE OR COUNTRY)17. INFORMANT Wm. E. Brusselback  
(ADDRESS) 5459 Milentz18. BURIAL, CREMATION, OR REMOVAL  
PLACE Sunset B. Pk. DATE Sept. 2, 193819. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Sons  
(ADDRESS) 7027 Gravois Ave.20. FILER SEP - 1 1938  
J.P. Brusselback Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31, 193822. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1938, to Aug 31, 1938I last saw him alive on Aug 30, 1938. Death is saidto have occurred on the date stated above, at 7:30 am.

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

Bronchial Pneumonia.  
Congestive Heart Failure.  
Hemiplegia Left.  
Date of onset

Other contributory causes of importance:  
Arteriosclerosis.  
Cholelithiasis.

Name of operation ..... 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? ..... 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? NoIf so, specify None(Signed) Loyle J. Hayden, M. D.(Address) 5899 Delmar

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, .....

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

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

Signed..... *E. P. Tidwell*

Licensed Embalmer No. *3877*

P. O. Address *6937<sup>e</sup> Tra*

**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.**