

1930 DEC 12 1930

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

37635
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** Registered No. **9962**
(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 **Wendelin Brutcher**

(a) Residence, No. **3512 Illinois Ave.** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 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 **Late Mary Brutcher**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 29, 1860**
7. AGE YEARS **78** MONTHS **8** DAYS **19** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Iron Moulder**
9. Industry or business in which work was done, as saw mill, bank, etc. **retired 10 Yrs.**
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-17, 1938**
22. I HEREBY CERTIFY, That I attended deceased from **11-10, 1938, to 11-17, 1938**
I last saw him alive on **11-16, 1938** Death is said to have occurred on the date stated above, at **3:35 A.M.**
The principal cause of death and related causes of importance were as follows:

lobar pneumonia (arterial)

Other contributory causes of importance:
Ch. Myocarditis

12. BIRTHPLACE (CITY OR TOWN) **Milstadt** (STATE OR COUNTRY) **Illinois**
13. NAME **Unknown Brutcher**
14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **6**
15. MAIDEN NAME **Unknown**
16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY) **6**
17. INFORMANT (ADDRESS) **William Brutcher 3512 Illinois Ave.**
18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter & Paul** DATE **11-21, 1938**
19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Kriegshauser Mortuary 4228 So. Kingshighway**
20. FILED **NOV 18 1938** *J. J. Bredeck* Local Registrar.

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?
If so, specify (Signed) *John J. Messer*, M. D. (Address) *1001 Cherokee*

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 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

Reinhold G. Lohmann

Licensed Embalmer No.....

3395

P. O. Address.....

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.