

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.

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

REC'D MAY 10 1939

13267
Do not use this space.

1. PLACE OF DEATH

(a) County.....² Registration District No.....**791**
 (b) Township.....¹ Primary Registration District No.....**1003**
 (c) City.....**St. Louis** (d) Street No.....**3833 Botanical** 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 ⁶³⁶ **Joseph J. Bruder**

(a) Residence, No. **3833 Botanical** St. **17** (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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1887		
7. AGE	YEARS 51	MONTHS 10
	YEARS 10	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance	
	9. Industry or business in which work was done, as saw mill, bank, etc. Man	
	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) St. Louis		
FATHER	13. NAME John	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
MOTHER	15. MAIDEN NAME Unknown	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT Margaret Bruder (ADDRESS) 3833 Botanical		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset DATE Apr. 20, 1939		
19. FUNERAL DIRECTOR (NAME) Wacker-Helderle (ADDRESS) 2331 S. Broadway		
20. FILE APR 19 1939 <i>J. D. Bruder</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 17, 1939**

22. **HEREBY CERTIFY** that I attended deceased from **March 29** to **April 17, 1939**
 I last saw him alive on **Apr 17, 1939** Death is said to have occurred on the date stated above, at **3:00 P. M.**
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Today
Chronic Bronchitis 30 days

Other contributory causes of importance:
no

Name of operation.....**no** Date of.....
 What test confirmed diagnosis?.....**no** 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.....**no**

24. Was disease or injury in any way related to occupation of deceased?.....**no**
 If so, specify.....**no**
 (Signed) **J. D. Bruder**, M. D.
 (Address) **1527 Alameda**

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.....

Frank J. Wyand Sr.
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Frank J. Wyand Sr.

Licensed Embalmer No.....

2645

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.