

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. **13529**
Registrar's No. **3731**

MAY 15 1940
Registration District No. **791**

Primary Registration District No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
2015 S. 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME CHARLES BRUG **620**

3. (b) If veteran, name war: World War 3. (c) Social Security No. 497-05-9108

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Brug 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Dec. 22, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>45</u>	<u>4</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name George Brug **6**

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Esther Brug

(b) Address 2015 S. 9th St.

17. (a) Burial (b) Date thereof April 28-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Wm. C. Mayell

(b) Address 1926 Allen Ave.

19. (a) APR 25 1940 (b) J. P. Brudick
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **23**
(If outside city or town limits, write "RURAL")
(d) Street No. 2015 S. 9th St.
(If rural, give location)

(e) ~~Foreign birth, residence in U.S.A.~~ years. **131**
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24
year 1940 hour 9 minute 09 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
acute stenosis
with chronic interstitial
myocarditis
pericarditis
Due to myocardial infarction

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(By means of injury)

23. Signature [Signature] (M. D. or other) _____
Address [Address] Date signed 4.24.40

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.....

Benj C. Dorman

Licensed Embalmer No. *2272*

P. O. Address *1926 Allen*

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.