

Registration District No. **794** Primary Registration District No. **1003** Registrar's No. **5552**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years
years, months or days

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. 2105 Ann Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1940 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from Jan 14
1934 to June 25, 1940.
that I last saw him alive on June 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Valvular disease of heart **24 yrs**
Due to Inflammatory Rheumatism **24 40**
Due to _____
Other conditions none
Major findings:
Of operations _____
Of autopsy _____

Duration
24 yrs
24 40
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME ANTHONY B. BRUEGGEMANN **625**
3. (b) If veteran, name war _____
3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife Lena Brueggemann
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased: June 18th, 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>-</u>	<u>8</u>	hr. min.

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

10. Usual occupation Druggist

11. Industry or business Pharmacy

12. Name Bernard Brueggemann

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

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Brueggemann

(b) Address 2105 Ann Avenue

17. (a) Burial (b) Date thereof July 1, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Berdamede James

(b) Address 1936 St. Louis Avenue

19. (a) JUN 29 1940 (Date received local registrar)
J. F. Prudek (Registrar's signature)

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) (e) Means of injury _____
23. Signature W. A. Green (M. D. or other) **m.d.**
Address 1044 So. Broadway Date signed 6/28/40

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

794
JUL 27 1940

9-10
3-4
7-8

Dr. W.A. Frie
1544 S. Broad

DEC 13 1954

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.....

Geet W. Frie
.....
Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.