No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23818

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6263

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: 1623 Missouri Ave 2
(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)

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3. (a) PRINT FULL NAME Nielsine Larsen Bruesselbach

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Bruesselbach

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Oct (Month) 3 (Day) 1868 (Year)

8. AGE: Years 71 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Denmark (City, town, or county) 7 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Don't Know
13. Birthplace (City, town, or county) Denmark 7 (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace (City, town, or county) Denmark 7 (State or foreign country)

16. (a) Informant Henry Bruesselbach
(b) Address 1623 Missouri Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1940 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director Weick Bros
(b) Address 2201 S Grand Blvd

19. (a) JUL 26 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1623 Missouri Ave 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1940 hour 4:10 minute A M.

21. I hereby certify that I attended the deceased from Jan 1st, 1940, to July 24, 1940 that I last saw her alive on July 23rd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Stomach & Liver

Due to Valvular Disease

Due to Chronic Cardiac

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature A Bouhasin Bouhasin (M. D. or other)

Address 2017 Park ave Date signed July 25

(Licensed Embalmer's Statement on Reverse Side)

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 Nancy A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St

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.