

7911

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9479

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: De Paul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day  
(Specify whether years, months or days)

FILED DEC 7 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Ohio (b) County \_\_\_\_\_  
(c) City or town Dover  
(If outside city or town limits, write "RURAL")  
(d) Street No. 515 Wooster Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

NR

3. (a) PRINT FULL NAME Mary Brucks

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Louis Brucks 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 11 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 9 8 hr. min

9. Birthplace Windfield Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business at home

12. Name Jacob Hoopingarner

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

14. Maiden name Rachel Wertz

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

16. (a) Informant Mrs Arthur Gundlach

(b) Address 70 Lake Forest, Richmond Heights

17. (a) burial (b) Date thereof NOV 19 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dover, Ohio

18. (a) Signature of funeral director A. Kron L. O. Co.

(b) Address 2707 North Grand Blv'd

19. (a) Nov 19 1940 (b) J. Bruck  
(Date received local registrar) (Signature of registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19  
year \_\_\_\_\_ hour 2 minute 30 A M.

21. I hereby certify that I attended the deceased from Nov 19  
1940, to Nov 19 1940;  
that I last saw her alive on Nov. 19 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage (st) Duration 1 day

Due to General arteriosclerosis

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Arthur Gundlach (M. D. or other) MD

Address Richmond Heights Date signed 11/19/40

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

**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.....

*Paul F. Kuebelberg*

Licensed Embalmer No. *2631*

P. O. Address. *2707 71 Paul*

**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, fact should be so stated above.**