

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

16363

State File No.

3881

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

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:
4916 Fountain Ave.
(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)

3. (a) PRINT FULL NAME Godfrey H. Bruckner8. (b) If veteran,
name war _____3. (c) Social Security
No. 488-16-76984. Sex Male 5. Color or
race White 6. (a) Single, widowed, married,
divorced Married6. (b) Name of husband or wife Viola Bruckner 6. (c) Age of husband or wife if
alive 21 years7. Birth date of deceased February 20, 1859
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
82 2 16 hr. _____ min.9. Birthplace Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Hotel Receiving Clerk12. Name Not known13. Birthplace Not known
(City, town, or county) (State or foreign country)14. Maiden name Not known15. Birthplace Not known
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Paul Bruckner(b) Address 5070 Thrush Ave.17. (a) Cremation (b) Date thereof 5/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Valhalla Crematory18. (a) Signature of funeral director W. J. Schumaker(b) Address 4911 Washington Bldg.19. (a) MAY 7 1941 (b) J. Bruckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4916 Fountain Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6
year 1941 hour 8 AM minute 30 A.M.21. I hereby certify that I attended the deceased from
2-1- 1941, to 5-6 1941;that I last saw him alive on 5-6 1941
and that death occurred on the date and hour stated above.Immediate cause of death: Chronic Myocarditis Duration _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

(a) Accident, suicide, or homicide (specify) no

(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. J. Schumaker (M. D. or other) mfAddress 4991 Thrush Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

I 10311

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

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.