. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

Registration District No. 716

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3020

State File No. 30274

Registrar's No. 84

36
4
2

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

1. PLACE OF DEATH:
(a) County: Franklin
(b) City or town: Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: FRANKLIN 36
(c) City or town: WASHINGTON 6
(If outside city or town limits, write "RURAL")
(d) Street No. 3rd and STATE 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Sammy Kay Brueggemann
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive: none years
7. Birth date of deceased: 9 (Month) 19 (Day) 42 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 5 hr. ..... min.

9. Birthplace: Washington (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: none
11. Industry or business: none

MOTHER FATHER
12. Name: FREDERICK WM. BRUEGGEMAN
13. Birthplace: Washington (City, town, or county) Missouri (State or foreign country)
14. Maiden name: Anna Laura Smith
15. Birthplace: Shawnee (City, town, or county) OKLA (State or foreign country)

16. (a) Informant: FREDERICK BRUEGGEMAN
(b) Address: 3rd & State St Washington
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington
18. (a) Signature of funeral director: Otto & Henry W Otto
(b) Address: Washington Mo
19. (a) 9-21-42 (Date received local registrar) (b) Lucile Ruether (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9/20/42 Day ..... year ..... hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from 9/19/42 to 9/20/42, 19..., that I last saw him alive on 9/20/42, 19..., and that death occurred on the date and hour stated above.

Immediate cause of death: Premature Baby + half month gestation — Duration
Due to .....
Due to .....
Other conditions (Include pregnancy within 3 months of death) 159
Major findings: Of operations .....
Of autopsy .....

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: [illegible] MD (M. D. or other)
Address: Washington Mo Date signed 9/21/42

1181 (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 none, Registered Apprentice No. none, working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

NOT EMBALMED

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.