

19442

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

REG. JUL 13 1943 18

Primary Registration District No. 1003

Registrar's No. 6098

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4955 Odell Av
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
17

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

(d) Street No. 4955 Odell Av.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Brucker

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 single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 23 1860
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1943 hour 3 minute 00p. M.

21. I hereby certify that I attended the deceased from 3-3 to 7-3 1943
that I last saw her alive on 7-3 1943
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>2</u>	<u>10</u>	hr. _____ min. _____

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

Immediate cause of death Bleeding pneumonia

Due to arterio-sclerosis and
heart-muscle dystrophy

Due to _____

Other conditions (include pregnancy within 3 months of death) 82!

10. Usual occupation at home

11. Industry or business _____

12. Name Barthelmaus Brucker

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

14. Maiden name unknown

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

Major findings: 82!

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Louise Reineke

(b) Address 3643 Bellerive Bld.

17. (a) Burial (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem

18. (a) Signature of funeral director Wm. Bro. LeNic

(b) Address 2929 S. Jefferson Av.

19. (a) JUL 5 (b) 1943
(Date received local registrar) (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 Wm. Bro. LeNic (M. D. or other) _____
Address 8201 N. Thornbury Station Date signed 7/4/43

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

MOTHER FATHER

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 *Gustav W. Dietrich*.....

Licensed Embalmer No. *4329*.....

P. O. Address *29295 Jefferson*.....

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.