

FILED DEC 20 1943

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11070**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **St. Louis City Hospital**  
**Max C. Starkloff Memorial**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **7 Days**  
(Specify whether  
 In this community **68 Years** (Specify whether  
 years, months or days)

3. (a) PRINT FULL NAME

**Charles Bruckner**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

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

6. (b) Name of husband or wife **Kate Bruckner** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **April 28 1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>80</b>	<b>7</b>	<b>15</b>	hr. _____ min. _____

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

10. Usual occupation **Laborer--Retired 20 years**

11. Industry or business

MOTHER FATHER

12. Name **unknown**  
 13. Birthplace **unknown** **4**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **unknown**  
 15. Birthplace **unknown** **4**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Bruckner**

(b) Address **6315 Idaho**

17. (a) **burial** (b) Date thereof **12-15-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Hope Cemetery**

18. (a) Signature of funeral director **Southern Funeral Home**

(b) Address **6322 So. Grand Blvd.**

19. (a) **DEC 14 1943** (b) **J. F. Bruckner**  
(Date recorded) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
 (c) City or town **City of St. Louis** **171**  
(If outside city or town limits, write "RURAL") **91**  
 (d) Street No. **6315 Idaho Avenue**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **13**,  
 year **1943** hour **7:30** minute **A.** M.

21. I hereby certify that I attended the deceased from **December 7**, 19**43**, to **December 13**, 19**43**,  
 that I last saw him alive on **December 13**, 19**43**,  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic heart disease**  
 Duration \_\_\_\_\_

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

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 Means of injury \_\_\_\_\_  
 23. Signature **Frank H. ...**  
 Address **1515 Lafayette Avenue** M. D. or other **40**  
 Date signed **12/13/43**

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

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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..... *Virgil L. Berryman* .....

Licensed Embalmer No. *4018* .....

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, fact should be so stated above.**