

S. No. 2
M-2.43
5-17-39
X3567

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39586

FILED DEC 29 1943

State File No.

11092

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(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)

William Earl Bruckner

3. (a) PRINT FULL NAME

Earl Bruckner

3. (b) If veteran, name war

None

3. (c) Social Security No.

497-01-8992

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Etta Bruckner

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased

June 25 1902

(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

41

5

14

hr. min.

9. Birthplace

Ste. Genevieve Co., Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Foreman

11. Industry or business

MOTHER FATHER

Earl Bruckner
Anna Pinkston

12. Name of father Robert Lee Bruckner

13. Birthplace Ste. Genevieve Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Pinkston

15. Birthplace Ste. Genevieve Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant

Etta Bruckner

(b) Address

1633 California Ave.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 12-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation

Flat River, Mo.

18. (a) Signature of funeral director

Albert H. Hoppe,

(b) Address

4700 Washington Blvd.

19. (a)

DEC 14 1943
(Date received local registrar)

J. F. Madock
(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. 1633 California Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9
year 1943 hour 5 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 1
1943 to Dec 9 1943
that I last saw h Dec 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar Pneumonia
(Influenzal Type)

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)

(e) Means of injury 0

23. Signature

R. Berg

(M. D. or other)

Address

2253 Webster

Date signed

12/11/43

APR 9 1945

NOV 3 1944

260TT

260TT

STATEMENT BY LICENSED EMBALMER

1111

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.

Signature

Albert G. Koffen

Licensed Embalmer No. 2971

P. O. Address.....

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.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 39586
Local Registrar's No. 11092

State of _____ }
County of _____ } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this _____ day of _____, 1946, before me appears _____, who, upon _____ oath, states that the original record of ^{birth} death for _____, ^{died} born _____, 19____, in the State of Missouri, and which was filed at _____ on _____, 19____, should be corrected as follows:

- Item No. 3a should read WILLIAM EARL Buckner
Instead of WILLIAM EARL Buckner
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant R L Buckner Father
Relationship.

Desloge Mo
Present Address.

Subscribed and sworn to before me this 29 day of April, 1946

My Commission expires May 22 1948 _____ Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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10
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S-39586

11-11-77, 10