

FILED JAN 5 1945

318 Primary Registration District No.

1003 Registrar's No.

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: Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether _____)
In this community _____
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1018 Yale Avenue
(If rural, give location) NR.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EMMA MARY BRUEGGE MAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John H. Brueggeman 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased September 9 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 3 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Oelze
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Anna Burkuhl
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Brueggeman
(b) Address 1018 Yale Ave
17. (a) Burial (b) Date thereof 12/26/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethany Cem

18. (a) Signature of funeral director Kraeger-Voss-Fix
(b) Address 3402 No. Kingshighway

19. (a) DEC 27 1944 J. F. Brudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 22
year 1944 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec 7, 1944, to Dec 22, 1944,
that I last saw him alive on Dec 22, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure
Broncho pneumonia
Anaemia

Due to Chronic lymphocytic leucemia

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

Major findings: Of operations _____

Of autopsy Large spleen + liver
Bronchopneumonia, necrotic oesophagus

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 F. R. Bradley (M. D. overruler)
Address Barnes Hospital Date signed 2/1/44

Duration
(3-4 hrs.)
2 day
1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14067

14067

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

Albert H. Hoppe

Licensed Embalmer No. *1861*

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.