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FILED MAY 9 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 Weeks
(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 St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1128 Forest St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Frederick W. Bruckamp

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Bruckamp nee Heuer Age of husband or wife if alive 59 years

7. Birth date of deceased September 9, 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th
year 1947 hour 5:50 PM minute _____ M.

21. I hereby certify that I attended the deceased from April 6, 1947 to April 24, 1947
that I last saw him alive on Apr 24, 1947
and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>59</u> | <u>7</u> | <u>15</u> | hr. min. |

Immediate cause of death Myocardial Infarction
Coronary Occlusion

Due to _____

Due to _____

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

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

10. Usual occupation Cigar Business

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant Mrs Elizabeth Bruckamp

(b) Address 1128 Forest St.

17. (a) Burial (b) Date thereof 4/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) APR 26 1947 J. F. Bredack
(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? _____

Where at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature J. H. Boyden (M. D. or other) _____

Address 5899 Wilbur Date signed 4/25/47

MAY 9 1947

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 Harold B. Burnley
Licensed Embalmer No. 42029
P. O. Address Albion, 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.