No. 2
-1/47
3-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 8 1948

Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25360

Registrar's No. 7069

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: Park Lane Memorial Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 3208 Olive ST. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Richard K. Brueckner

3. (b) If veteran, name war None

3. (c) Social Security No. 492-07-2547

4. Sex M

5. Color or race W

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 Aug. (Month) 30 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
49	10	29	hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Black & White Cab Co.

FATHER
12. Name Richard F. Brueckner
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Auguste Brueckner
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Richard F. Brueckner
(b) Address Pin Oak Park Villa Ridge, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof July 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm. Bua & Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) JUL 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29 year 1947 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 22, 1947, 19 to July 29, 1947, 19; that I last saw him alive on July 29, 1947, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic myocarditis, — 3 months.
To my knowledge, — 5/22/47
Due to
Due to — July 9, 1947
Other conditions General anasarca,
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work (c) Means of injury

23. Signature M. D. (M. D. or other)
Address 320 Metropolitan Bldg. Date signed 7/30/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3741

P. O. Address 2929 So. Jeffers

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.