

No. 2
-12-45
5-17-39
I X47070

FILED NOV 3 1947

State File No.

Registration District No.

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME MARY H. BRUDER

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 Wilbur J. Bruder 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased May 22 1915
(Month) (Day) (Year)

8. AGE:			If less than one day
Years	Months	Days	
<u>32</u>	<u>4</u>	<u>26</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Peter Sepos

13. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Perhardt

15. Birthplace Yugoslavia
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbur J. Bruder

(b) Address 4959 Genevieve Avenue

17. (a) Burial (b) Date thereof 10/21/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kraeger-Voss, Inc

(b) Address 3402 No. Kingshighway

19. (a) OCT 20 1947 (Date entered local registrar) J. J. Bruders (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. 4959 Genevieve 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 October Day 18th Year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from October 7, 1947 to October 18, 1947
that I last saw her alive on October 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death traumatised heart muscle
Coronary Artery
Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 12th

Major findings: Of operations.....

Of autopsy.....

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) (c) Means of injury.....

23. Signature J. J. Bruders (M. D. or other)

Address 4930 Lindell Blvd. Date signed 10/18/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 W. W. Wilkinson

Licensed Embalmer No. 3575

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.