

No. 2  
12-45  
17-39  
X47070

FILED NOV 3 1947

318

Primary Registration District No.

1003

Registrar's No.

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:  
2218 S. 4th Street  
(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)

3. (a) PRINT FULL NAME JOSEPH BRUEGGENJUERGEN

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed married, divorced

6. (b) Name of husband or wife Mary Brueggenjuergen 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased June 29 - 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>3</u>	<u>23</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business.....

12. Name Herman Brueggenjuergen

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Mary Brueggenjuergen  
(b) Address 2218 S. 4th Street

17. (a) Burial (b) Date thereof 10-25-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director M. J. ...  
(b) Address 1926 Allen Avenue

19. (a) OCT 23 1947 (b) J. F. Brueck  
(Data received from Registrar) (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. 2218 S. 4th Street  
(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 22nd  
year 1947 hour 1 minute P.M. M.

21. I hereby certify that I attended the deceased from Aug 10  
1947 to 10/22 1947  
that I last saw him alive on 10/22 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Duration 2 yrs

Due to 10/22

Due to .....

Other conditions Chronic Intestinal Myofasciitis  
(Include pregnancy within 3 months of death) 3 yrs

PHYSICIAN

Major findings: none

Of operations.....

Of autopsy none

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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)

Means of injury.....

23. Signature J. F. Brueck (M. D. or other) M.D.  
Address 2105 W. Broadway Date signed 10/23/47

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

Ben Canyon  
2/10/50

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 Ben C. Duncan  
Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

**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.