

National Office of Vital Statistics  
**FILED JAN 16 1948 318**  
Registration District No. ....

Primary Registration District 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: **Firmin Des Loge Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County **999**  
(c) City or town **East Carondelet, Illinois** **11**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **R.B. #1** **6**  
**NR** (If rural, give location) **2**  
(e) Citizen of foreign country? **----** (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **LOTTIE BRUST**  
3. (b) If veteran, name war.....  
3. (c) Social Security No. ....

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Robert L.**  
6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **December 2, 1896**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**51** **I** **0** 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 **I.D. Bartolet**  
13. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Minnie Witake**  
15. Birthplace **Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Robert L. Brust**  
(b) Address **East Carondelet, Illinois**

17. (a) **Burial** (b) Date thereof **Jan. 6, 1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Trinity Cemetery**

18. (a) Signature of funeral director **C. Hoffmeister U. & L. Co.**  
(b) Address **78 1/2 S. Broadway, St. Louis, Mo.**

19. (a) **JAN 5 1948** (b) **J. F. Brust**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **2**  
year **1948** hour **6** minute **10** P.M.  
21. I hereby certify that I attended the deceased from **12/31/47**  
to **1/2/48** 19..... to **12/28** 19.....  
that I last saw her alive on **12/28** 19.....  
and that death occurred on the date and hour stated above.

Duration  
Immediate cause of death **apoplexy -**  
Due to **hypertension**  
Due to **Arteriosclerosis**  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings: **820**  
Of operations.....  
Of autopsy **See above**

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?.....  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....  
While at work?..... (e) Means of injury.....  
23. Signature **Conner** (M. D. or other) **1/2/48**  
Address **634 N. Grand** Date signed.....

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

MOTHER FATHER

DR R. O. Muthen  
634 N. Strand  
Feb 1870  
11-1-11

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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 7814 S Broadway

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.