

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2512
502

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. Louis		17	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marian Hospital				d. STREET ADDRESS (If rural, give location) 1810² Arsenal			
3. NAME OF DECEASED (Type or Print) Elizabeth		a. (First)		b. (Middle) BRUCK		c. (Last)	
4. DATE OF DEATH Jan. 18, 1949		(Month)		(Day)		(Year)	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Dec. 17, 1862	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) ST. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME Joseph BRUCK		13b. MOTHER'S MAIDEN NAME Sophia Duerkes		14. NAME OF HUSBAND OR WIFE UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME John BRUCK ADDRESS 1810² Arsenal			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic cause unknown probably atherosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 122 570.5				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from Jan 9, 1949, to Jan 17, 1949 , that I last saw the deceased alive on Jan 17, 1949 , and that death occurred at 1:20 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE D. S. Payne (Degree or title) _____				23b. ADDRESS 27529 Cherokee		23c. DATE SIGNED 1-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-21-49		24c. NAME OF CEMETERY OR CREMATORY ST. Paul Churchyard		24d. LOCATION (City, town, or county) (State) ST. Louis, County	
DATE REC'D BY LOCAL REG. JAN 18 1949		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. L. & L. Co. ADDRESS 2929 So. Jefferson			

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Signed..... *Harold C. Witt*

Signed.....
Student Embalmer

Licensed Embalmer No. *4363*

P. O. Address *2929 So. Jefferson*

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.