

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39690
State File No. 04630

FILED DEC 12 1949

BIRTH NO. 85251-49 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 04630

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NORMAN D J		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FERGUSON	
c. LENGTH OF STAY (In this place) 2 DA.		d. STREET ADDRESS (If rural, give location) 10032 EMPIRE DR.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NORMANDY HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) RICKY b. (Middle) KENNETH c. (Last) BRUEGGEN			4. DATE OF DEATH (Month) (Day) (Year) 12/6/49		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) ✓ N	
8. DATE OF BIRTH 12/4/49		9. AGE (In years last birthday) 28a		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓	
10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) NORMAN D MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME GEORGE R. BRUEGGEN		13b. MOTHER'S MAIDEN NAME JHERESA M. HAYES		14. NAME OF HUSBAND OR WIFE ✓	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME JHERESA M. BRUEGGEN	
(If yes, give war or dates of service)				ADDRESS 10032 EMPIRE DR.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Bilateral Atelectasis		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatomegaly					
		DUE TO (c) Intraventricular septal defect					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. Congenital absence of common bile duct				7542	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 754.2		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **12-4**, 19**49**, to **12-6**, 19**49**, that I last saw the deceased alive on **12-6**, 19**49**, and that death occurred at **6:45 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Julian H. Tinsley, D.O.		23b. ADDRESS 8321 No. Branding St. St. Louis 15 Mo.		23c. DATE SIGNED 12.6.49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/8/49		24c. NAME OF CEMETERY OR CREMATORY MOUNT LEBANON	
				24d. LOCATION (City, town, or county) (State) ST. LOUIS CO. MO	

DATE REC'D BY LOCAL REG. 12-8-49		REGISTRAR'S SIGNATURE Herbert H. Wombs, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Max Collins Funeral Home	
				ADDRESS 10123 St. Charles	

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.

Student
Student Embalmer

Signed..... *NO Embalming*

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.