

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42321

State File No.

106381

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 10894

BIRTH NO. 106381		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10894											
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE				b. COUNTY									
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) St. Louis, Mo.				c. LENGTH OF STAY (in this place)				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis									
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital				d. STREET ADDRESS #1. 20- 2207 a				Dodier St.									
3. NAME OF DECEASED (Type or Print)			a. (First) WILLIAM			b. (Middle) BRUEGGEMANN			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 17th, 1949					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH 11-2-1917			9. AGE (In years last birthday) 32		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY?					
13a. FATHER'S NAME William Brueggemann				13b. MOTHER'S MAIDEN NAME Anna Berding				14. NAME OF HUSBAND OR WIFE									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 492-01-3377				17. INFORMANT'S SIGNATURE OR NAME Mr Wm. J. brueggemann				ADDRESS 2207a Dodier					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis and uremic encephalopathy				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.												INTERVAL BETWEEN ONSET AND DEATH 16 yrs					
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input 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) 872									
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 7818									
22. I hereby certify that I attended the deceased from 12/13/49 to 12/17/49, that I last saw the deceased alive on 12/17/49 and that death occurred at 3:10 PM., from the causes and on the date stated above.																	
23a. SIGNATURE Joseph E. J. Bladen M.D.						23b. ADDRESS 1515 Lafayette Ave.,						23c. DATE SIGNED 12/20/49					
24a. BURIAL CREMATION, REMOVAL (Specify) Burial				24b. DATE 12-21-49				24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery				24d. LOCATION (City, town, or county) (State) St. Louis, Mo.					
DATE REC'D BY LOCAL REG. DEC 19 1949				REGISTRAR'S SIGNATURE J. B. Basler				25. FUNERAL DIRECTOR'S SIGNATURE Goodhart & Goodhart				ADDRESS 2228 St. Louis Av.					

(Licensed Embalmer's Statement on Reverse Side)

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

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

Charles G. Gophart

..... Licensed Embalmer No. 29777

..... P. O. Address St. Louis Mo.

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.