S. No. 300
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2009

FILED JAN 28 1950

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 2532

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 694

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

**1. PLACE OF DEATH**
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2000 E. Prairie Ave

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: 2090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 2000 E. Prairie

**3. NAME OF DECEASED** (Type or Print)
a. (First): Rose
b. (Middle):
c. (Last): Growe

**4. DATE OF DEATH** (Month) 1 (Day) 20 (Year) 1950

**5. SEX**: female
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: Dec 6, 1868
**9. AGE** (In years last birthday): 81 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): house work
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country): Missouri
**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Bernard Brueggen
**13b. MOTHER'S MAIDEN NAME**: (1st unk) Boskin
**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)
**16. SOCIAL SECURITY NO.**
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS

**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) Lymphadenoma — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

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.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) 2021
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 5, 1950, *to* Jan 20, 1950, *that I last saw the deceased alive on* Jan. 19, 1950, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): N. J. Honich M.D.
**23b. ADDRESS**: 8902 Riverview Bld.
**23c. DATE SIGNED**: 1-21-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): burial
**24b. DATE**: Jan. 24, 1950
**24c. NAME OF CEMETERY OR CREMATORY**: Calvary
**24d. LOCATION** (City, town, or county) (State): St. Louis, Mo

**DATE REC'D BY LOCAL REG.**: JAN 23 1950
**REGISTRAR'S SIGNATURE**: [signature]
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Buchholz & Koeller Mort. Inc. 5967 W. Florissant Ave

(Licensed Embalmer's Statement on Reverse Side)

## 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 J. Wm. Dunkley

Licensed Embalmer No. 3653

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.