

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **36218**
9595

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 Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2179	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 17 3545 LA FAYETTE AV.	
d. FULL NAME OF HOSPITAL OR INSTITUTION FIRMIN DESLOGE HOS.			

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) BRUEGGEMANN c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct, 16-52			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 28-1885	9. AGE (In years last birthday) 67 YRS	IF UNDER 1 YEAR Months Days 6 7	IF UNDER 24 HRS. Hours Min. 6 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN		10b. KIND OF BUSINESS OR INDUSTRY MEN'S HAT		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS Mo.		12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME BERNARD BRUEGGEMANN	13b. MOTHER'S MAIDEN NAME CATHERINE BALSER	14. NAME OF HUSBAND OR WIFE LILLIAN BRUEGGEMANN
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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.	17. INFORMANT'S SIGNATURE OR NAME Lillian Brueggemann	ADDRESS 3545 Lafayette Av
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Kidney		
	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. Uremia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		

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? 180x

22. I hereby certify that I attended the deceased from **Sept 19, 1952** to **Oct 16, 1952**, that I last saw the deceased alive on **Oct 16, 1952**, and that death occurred at **10:47 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Lillian Brueggemann	(Degree or title) MD	23b. ADDRESS 4161 Lumsden	23c. DATE SIGNED 10/17/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) AURIAL	24b. DATE Oct 21-52	24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Pauls Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
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DATE REC'D BY LOCAL HEALTH DEPT. OCT 18 1952	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schuur	ADDRESS 3125 Lafayette Ave
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(Licensed Embalmer's Signature on Reverse Side)

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

Dr. Wm. King
D - 5
1919
4161 Grand Co

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 John B. Hollmer

Licensed Embalmer No. 4014

P. O. Address 325 Lafayette

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.