

FILED JAN 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44738
State File No. 11707
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

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

| | | | |
|---|------------------------|---|-------------------------------|
| 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, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2249 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | d. STREET ADDRESS (If rural, give location) 27 2712a Utah St. | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BERTHA b. (Middle) c. (Last) BRUHN | | 4. DATE OF DEATH DECEMBER 19, 1952 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Dec. 2, 1888 |
| 9. AGE (In years last birthday) 64 yrs. | | 10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Embroiderer | | 10b. KIND OF BUSINESS OR INDUSTRY Becker Plating Co. | |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME William Gillner | | 13b. MOTHER'S MAIDEN NAME Mary Bimmerman | |
| 14. NAME OF HUSBAND OR WIFE Walter G. Bruhn | | | |
| 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. 497-01-1280 | |
| 17. INFORMANT'S SIGNATURE OR NAME Waldemar Bruhn, 2712a Utah St. St. Louis, Mo. | | ADDRESS | |
| MEDICAL CERTIFICATION | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Vascular Thrombosis</i> | |
| | | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension and arteriosclerosis</i> | |
| | | 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 <input type="checkbox"/> NO <input checked="" 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) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | 3324 | |
| 22. I hereby certify that I attended the deceased from 12-17-52, 19, to 12-19-52, 19, that I last saw the deceased alive on 12-19-52, 19, and that death occurred at 5:25A m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>Walter J. Kitzberg, M.D.</i> | | 23b. ADDRESS 1515 Lafayette Avenue. | |
| 23c. DATE SIGNED 12-19-52 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 22, 1952 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Matthews Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | |
| DATE REC'D BY LOCAL REG. DEC 20 1952 | | REGISTRAR'S SIGNATURE <i>J. Earl Smith</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE | | ADDRESS Witt Bros. L. & U. C. o. 2929 S. Jeff. Ave. | |

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 D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 So. J. Frank

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.