

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **2622**

Registrar's No. **530**

FILED FEB 7 1956

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>530</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>11 days</b>		c. CITY OR TOWN - <b>Hillsdale</b> <sup>4161</sup>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>6811 St. Louis Avenue</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b> b. (Middle) _____ c. (Last) <b>Brueggeman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1 - 13 - 1956</b>				
5. SEX <b>Fem</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>9 - 2 - 1875</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>unknown</b>		13b. MOTHER'S MAIDEN NAME <b>unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Brueggeman</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>L.E. Oliphant, 6811 St. Louis Ave.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Of pneumonia.</b> ANTECEDENT CAUSES <b>Accident left ventricular failure</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 <b>Fr - rt hip. O.K. gash on eye 1/13/56</b>			
				INTERVAL BETWEEN ONSET AND DEATH _____			
				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION <b>1-5-56</b>		19b. MAJOR FINDINGS OF OPERATION <b>Fracture - neck of femur</b>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN OR TOWNSHIP) <b>St. Louis</b> (COUNTY) <b>MO</b> (STATE) <b>MO</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1-1-56</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Fell getting out of car.</b>	
22. I hereby certify that I attended the deceased from <b>1-2, 1956</b> to <b>1-13, 1956</b> (that I last saw the deceased alive on <b>1-12, 1956</b> and that death occurred at <b>6:40 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert F. Neuman M.D.</b>				23b. ADDRESS <b>3720 Washington</b>		23c. DATE SIGNED <b>1-16-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1/16/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JAN 16 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral 1905 Union Blvd.</b>			

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

STATE

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..... Signature of Student Embalmer

Signed..... Albert P. Thompson

Licensed Embalmer No. 443

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.