

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3357

State File No. ....

FILED JAN 25 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 21

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>   |   |
| b. CITY OR TOWN <u>Bellefontaine Neighbors</u>   | c. LENGTH OF STAY (In this place) <u>15 mos.</u>   | c. CITY OR TOWN <u>4019 Bellefontaine Nebr.</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1141 St. Cyr Rd.</u>  |  | e. STREET ADDRESS (If rural, give location) <u>1141 St. Cyr Rd.</u>   |   |
| 3. NAME OF DECEASED<br>a. (First) <u>Rudolph</u> b. (Middle) <u>Wm.</u> c. (Last) <u>Breuggenjuergen</u>   |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 1 1956</u>  |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>   | 8. DATE OF BIRTH <u>Jan 15 1895</u>   |
| 9. AGE (In years last birthday) <u>60</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>   | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>  |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Trucking</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |   |
| 13a. FATHER'S NAME <u>Henry Breuggenjuergen</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Eda Middlestader</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>Louise Breuggenjuergen</u>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |   |
| 16. SOCIAL SECURITY NO. <u>489-10-9042</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Louise Breuggenjuergen</u> ADDRESS <u>1141 St. Cyr</u>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  |  | 19. MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Liver</u><br><br>ANTECEDENT CAUSES<br><u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><u>Conditions contributing to the death but not related to the disease or condition causing death.</u> |   |
| 18. INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>   |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |   |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION _____   |   | 1561  |
| 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) _____ m.   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____  |   |
| 22. I hereby certify that I attended the deceased from <u>12-27-55</u> , 19 <u>55</u> , to <u>1-1-56</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-27-55</u> , 19 <u>55</u> , and that death occurred at <u>1:00 P.m.</u> , from the causes and on the date stated above. |  |   |   |
| 23a. SIGNATURE (Degree or title) <u>G. J. Lorsche M.D.</u>   |  | 23b. ADDRESS <u>6303 Natural Bridge</u>   | 23c. DATE SIGNED <u>1-3-56</u>  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   | 24b. DATE <u>Jan. 5 1956</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>  | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>   |
| DATE REC'D BY LOCAL REG. <u>1-4-56</u>   | REGISTRAR'S SIGNATURE <u>Hubert R. Lombard</u>   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John Skycer &amp; Son</u> ADDRESS <u>554 Riverview Bldg.</u>  |   |

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.....  
Signature of Student Embalmer

Signed.....  
*J.M. Rister*

Licensed Embalmer No. 3980

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