

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6223

State File No. _____

BIRTH NO. _____

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

1003

Registrar's No. **975**

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. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4029 California		e. STREET ADDRESS (If rural, give location) 15 4029 California Ave. 215 0				
3. NAME OF DECEASED (Type or Print) a. (First) Ruth b. (Middle) J. c. (Last) Bruck		4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1956				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Mar. 17, 1928	9. AGE (In years last birthday) 27	# BORN IN YEAR 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unable to work		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Conrad Bruck		13b. MOTHER'S MAIDEN NAME Anna Ortwerth		
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT'S SIGNATURE OR NAME Conrad Bruck		ADDRESS 4029 California				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Lobar Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Partial Paralysis 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. Invalid since 2 yrs ago			INTERVAL BETWEEN ONSET AND DEATH 2 wks 10 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 490x			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 Jan 12th 1956, to Jan 26th, 1956 , that I last saw the deceased alive on Jan 26th, 1956 , and that death occurred at 4:40A m from the causes and on the date stated above.						
23a. SIGNATURE Martin L Brockmeier		(Degree or title) Dr		23b. ADDRESS 830 N. Kingshighway		
23c. DATE SIGNED 1/27/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 30, 1956		
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.				
DATE REC'D BY LOCAL REG. JAN 28 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Schumacher		
		ADDRESS 3013 Meramec St.				

3. 50. (Licensed Embalmer's Statement on Reverse Side)

DR. M. BROCKMEIER
830 No. KINGSHIGHWAY
KINGSWAY CLINIC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Jack Haupt

Licensed Embalmer No. 41

P. O. Address *H. fre*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.