

b. 300
d. 48

FILED MAR 22 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10493

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2450**

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		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN ST LOUIS,
d. FULL NAME OF HOSPITAL OR INSTITUTION 4641 GREER AVE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 4641 GREER AVE		(If rural, give location) 210 1/2	

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) c. (Last) BRUTSCHE		4. DATE OF DEATH (Month) (Day) (Year) MAR 7 56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9/10/1865
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CLERK		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 90
11. BIRTHPLACE (City and State or Foreign Country) BAFEN GERMANY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SARAH BRUTSCHE
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 # # 491-18-3387	17. INFORMANT'S SIGNATURE OR NAME ADDRESS THOMAS BRADY PUBLIC ADM.

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage;		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arterio- DUE TO (c) Sclerosis.		
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

22. I hereby certify that I attended the deceased from 12:30 P, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred 12:30 P m., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3-9-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 3/9/56	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY
24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MISSOURI		

DATE REC'D BY LOCAL REG. MAR 9 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVE
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(Licensed Embalmer's Statement on Reverse Side)

WHILE 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

Not Embalmed
Signed M. W. Krueger

Licensed Embalmer No. 48
P. O. Address St Louis

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.