

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 720
Primary Registration District No. 6073
(No. St. Louis County Hosp.)

File No. 17710

2. FULL NAME

(a) Residence, No. 6411 Bartles St., _____ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mo. 1 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mayme Pittner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
32 4 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hy-Grade Laundry
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Petersburg Iowa

FATHER 13. NAME John Bruggeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

MOTHER 15. MAIDEN NAME Auna Deppe

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) Isabelle Bruggeman Waverly, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Waverly, Iowa May 31, 1933

19. UNDERTAKER (ADDRESS) Chas. J. Stuart 1225 Union Blvd.

20. FILED 5/31 1933 R. W. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 28, 1933, to May 29, 1933

I last saw him alive on May 28, 1933. Death is said

to have occurred on the date stated above, at 5 P. m.

The principal cause of death and related causes of importance were as follows:

Streptococci Septicemia
15-17
36 / 1070

Date of onset May 24

Other contributory causes of importance:
Terminal Bronchopneumonia

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood Culture Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) N. L. Mistachbin, M. D.
(Address) 1259 N. Kinship Highway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 23 1933

