

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

Do not use this space.

**25121**

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. 418 Fassen St.)

Registration District No. 791  
Primary Registration District No. 110001

File No. ....  
Registered No. 6543  
St. .... Ward)

**2. FULL NAME** Kate Bruckner

(a) Residence, No. 418 Fassen St., St. 15 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Bruckner</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15 1862</u>		
7. AGE	YEARS	MONTHS
	<u>71</u>	<u>3</u>
		DAYS
		<u>12</u>
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At home.</u>	
	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) Rohemia

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT L. Ches Bruckner  
(ADDRESS) 418 Fassen St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Hope DATE 7-29 1933

19. UNDERTAKER Southern  
(ADDRESS) 6323 Grand Blm

20. FILED JUL 28 1933  
J. F. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1933

22. I HEREBY CERTIFY, That I attended deceased from July 26<sup>th</sup> 1933 to July 27<sup>th</sup> 1933.  
I last saw h<sup>e</sup> alive on July 26<sup>th</sup> 1933. Death is said to have occurred on the date stated above, at 5:15 m. a. m.

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

Intestinal obstruction from abdominal adhesions following surgical operation 30 yrs ago which left an abdominal fistula.

Other contributory causes of importance:

122B 172

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) J. W. Pruett, M. D.  
(Address) 420 W. Wilmington Ave

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.

AUG 20 1933

MOTHER FATHER

Stamper on left