

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

Do not use this space.

28068

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. 1944 Wyoming Street)  
Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 7149  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1944 Wyoming St. 24 Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
		5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unk.</u>			
7. AGE	YEARS	MONTHS	DAYS
<u>Ab. 54</u>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Stone Moulder</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Not Employed</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) <u>St. Louis Mo.</u>			
FATHER	13. NAME <u>Adolph Bruggemann</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
MOTHER	15. MAIDEN NAME <u>Not Known</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>Fred Heidecker 1944 Wyoming Street</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Newick Cemetery</u> DATE <u>Aug 22</u> 19 <u>33</u>			
19. UNDERTAKER (ADDRESS) <u>Math. Hermann and Son 316 East Fairview</u>			
20. FILED <u>AUG 19 1933</u> <u>J. F. Budeck</u> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

No physician or other health

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1933

22. I HEREBY CERTIFY, That attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 6:50 p.m.

The principal cause of death and related causes of importance were as follows:  
Acute Gastritis  
Pulmonary Embolism  
113  
1180

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
1119

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Frank J. Gonyea  
(Address) St. Louis, Mo.

8/19/33

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.

SEP 26 1933

1953