FEB 17 1937

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

Do not use this space.

1957

File No.
Registered No. 1

1. PLACE OF DEATH
County Knox
Registration District No. 441
Primary Registration District No. 4259
Township
City Edina Mo. (No. 9, St. Ward)

2. FULL NAME Emma Celia Bruegenhenke

(a) Residence, No. St. Ward.
(Usual place of abode) (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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1st Patrick Dolan 2nd John Bruegenhenke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26 - 1877

7. AGE: Years 59 | Months 10 | Days 22 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 234
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) Scotland Co. Mo

FATHER
13. NAME Joseph Lary
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt Pleasant Iowa

MOTHER
15. MAIDEN NAME Catherine Fritz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Elizabeth Fisher Edina Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old Catholic Cem. Edina DATE Jan 17, 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Bros Edina Mo.

20. FILED Jan 16, 1937 Mrs. C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1933, to Jan. 15, 1937
I last saw her alive on Jan. 14, 1937. Death is said to have occurred on the date stated above, at 7:30 A.m.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular-Renal disease — Date of onset 1935

Other contributory causes of importance

Name of operation Date of
What test confirmed diagnosis Phys. Exam. 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) W. L. Lauffather M.D.
(Address) Edina, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County: Knox — Registration District No.: 441 — File No.:

Township: — Primary Registration District No.: 4259 — Registered No.: 1 – a

City: (No. ..., ... St. ..... Ward)

2. FULL NAME Anna Celia Bruegenhemke

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Patrick Dolan John Bruegenhemke

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 26 - 1867

7. AGE: YEARS 69 — MONTHS 10 — DAYS 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Housework
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): Scotland Co. Missouri

FATHER
13. NAME: Joseph Lorey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mt Pleasant Iowa

MOTHER
15. MAIDEN NAME: Catherine Kurtz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Elizabeth Fisher Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL: St Joseph's Cemetery
PLACE: Edina Mo. DATE: Jan 17, 1937

19. UNDERTAKER (ADDRESS): Kriegshauser Bros Edina Mo.

20. FILED: Feb 13, 1937 Mr. C M. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1935, to Jan 15, 1937
I last saw her alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardio-vascular-renal disease	2-15-35

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? Phys Exam. 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? .....
If so, specify .....
(Signed) W. L. Landfather, M.D.
(Address) Edina, Mo.

SUPPLEMENTARY

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of [illegible]

L561-5