REC'D SEP 12 1938

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

26911
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 6925

1. PLACE OF DEATH

(a) County 2
(b) Township 1
(c) City St. Louis (d) Street No. 5006 Plover Ave St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Bruder 636

(a) Residence, No. 5006 Plover Avenue St. 7
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Katie Wren Bruder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 21, 1873

7. AGE: Years 64 | Months 8 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: 15 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Summerfield Illinois

FATHER

13. NAME: William Bruder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Margaret Klug
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mrs. Katie Bruder, 5006 Plover Ave.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Calvary Cem. DATE: Aug. 6, 1938

19. FUNERAL DIRECTOR (NAME): Kraeger-Voss-Fix (ADDRESS): 3402 No. Kingshighway

20. FILED AUG 4 1938 J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938, to Aug 3, 1938, that saw him alive on Aug 2, 1938. Death is said to have occurred on the date stated above, at 10:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	? ?
Arterio sclerosis	!
Hypertension	?

Other contributory causes of importance:
Chronic Nephritis
~~Hemiplegia~~
Cerebral Hemorrhage

Name of operation: None Date of:
What test confirmed diagnosis? 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) C. W. Harris, M. D.
(Address) 5346 Arsenal

(Licensed Embalmer's Statement on Reverse Side)

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.

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 .....

Registered Apprentice No....., working under my personal supervision.

Signed. Albert E. Hoff

Licensed Embalmer No. 2977

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.