Bruyere

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

17404
Do not use this space.

791
1008
4938

1. PLACE OF DEATH
(a) County REC'D JUN 12 1939
(b) Township or (c) City St. Louis
Registration District No. 1008
Primary Registration District No.
Registered No.
(d) Street No. City Hospital No.1 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
E. 2701

2. PRINT FULL NAME Henry Daniel
(a) Residence, No. 403 Delmar St. 25
(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): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 12, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
62	5	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. nil
10. Date deceased last worked at this occupation (month and year) 1 mo ago
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germantown, Illinois.

FATHER
13. NAME John Daniel
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germantown, Illinois.

MOTHER
15. MAIDEN NAME Anna Gerling
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) German town, Illinois.

17. INFORMANT Mrs. Martha Luster
(ADDRESS) 4618 Atkins Ave,m

18. BURIAL, CREMATION, OR REMOVAL
PLACE Breese Ill DATE May 31, 1939

19. FUNERAL DIRECTOR (NAME) Albert H. Hoppe
(ADDRESS) 4700 Washington Blvd.

20. FILED MAY 31 1939 J. F. Budde Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/29/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/26/38, 19, to 5/29/39, 19
I last saw him alive on 5/29/39, 19. Death is said to have occurred on the date stated above, at 2.45 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Degenerative Heart Disease	

Other contributory causes of importance:

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?
If so, specify
(Signed) Wm Sapsu, M. D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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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.....J. G. Sullivan.....

Licensed Embalmer No.....1122.....

P. O. Address.....

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

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