

24 1939

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.

REC'D JUN 8 1939

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

19704
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Clayton Primary Registration District No. 101 Registered No. 943

(c) City Clayton (d) Street No. St. Louis County Hospital St.

(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.

2. PRINT FULL NAME Ella Bruegge

(a) Residence, No. 4301 Hodiamont, Pine Lawn, Mo. (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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*prints the word*) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>2</u>	<u>5</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County, Mo.

FATHER

13. NAME John Bruegge

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

MOTHER

15. MAIDEN NAME Mary Stipshel

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

17. INFORMANT (ADDRESS) brother, Charles Bruegge
4301 Hodiamont, Pine Lawn, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cemetery DATE May 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) 5966 E. Ston
Geo. L. Fleitsch

20. FILED May 24 1939 DR. May M. ... (Address) Co. 5th St.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-39 19

22. I HEREBY CERTIFY, That I attended deceased from 5-1-39, 19, to 5-23-39, 19.

I last saw her alive on 5-23-39, 19. Death is said to have occurred on the date stated above, at 8:00 P. M.

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

Cerebral hemorrhage

Date of onset 4-20-39

Other contributory causes of importance:

82221

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) A. A. Brewer, M. D.

(Address) Co. 5th St.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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