

FILED MAR 12 1940

STANDARD CERTIFICATE OF DEATH

State File No. 5092

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1922

1. PLACE OF DEATH:

(a) County. 30
(b) City or town. St. Louis
(c) Name of hospital or institution: Little Sisters of the Poor Home for the Aged
(d) Length of stay: In hospital or institution. 3 years 10 months
In this community. 42 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. 20
(c) City or town. St. Louis
(d) Street No. 3225 No. Florissant Ave
(e) If foreign born, how long in U. S. A. 42 years.

3. (a) PRINT FULL NAME John Bruhlmann

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. male 5. Color or race. White 6. (a) Single, widowed, married, divorced. single

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive. years 1st 1860

7. Birth date of deceased. May 1st 1860

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 79 | 9 | 23 | hr. min. |

9. Birthplace. Switzerland 7
(City, town, or county) (State or foreign country)

10. Usual occupation. gardener 9

11. Industry or business. 9

12. Name. unknown 9

13. Birthplace. unknown
(City, town, or county) (State or foreign country)

14. Maiden name. Elisabeth Bruhlmann
(City, town, or county) (State or foreign country)

15. Birthplace. unknown
(City, town, or county) (State or foreign country)

16. (a) Informant. Sister Jeanne
(b) Address. 3225 No. Florissant

17. (a) Buried (b) Date thereof. 2-26-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Arthur Donnelly
(b) Address. 3840 Lindell Blvd.

19. (a) FEB 26 1940 (b) J. F. Bredon
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th
year 1940 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from Feb. 16, 1940 to Feb. 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic Myocarditis

Due to. *MI*

Other conditions. Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy.

Duration 1 month
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (Specify means of injury)

23. Signature. Anthony A. Prekar (M. D. or other) 3/24/40
Address. 1525 W. Cass Ave. Date signed. 3/24/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Stanley Marsala

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.