

Registration District No. 791

Primary Registration District No. 1003

State File No. \_\_\_\_\_  
Registrar's No. 4378

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
5603 Cabanne, Ave., 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME CARRIE BRUCKER. 621  
(b) If veteran, name war none  
(c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife George E. Brucker.  
(c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 26 1869  
(Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 16  
If less than one day hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name (unknown) Kleeber. 9  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Henrietta (unknown) 7  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. George R. Story  
(b) Address 5540 Maple Ave

17. (a) burial (b) Date thereof 5-18-40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontain Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.  
(b) Address 7233 Delmar, Blvd.,

19. (a) MAY 16 1940 (b) J. Brucker  
(Date received at Registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5603 Cabanne, Ave.,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th  
year 1940 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 24 1931 to Aug 15 1940  
that I last saw him alive on Aug 15 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cerebral disease  
pericardial fibulation Feb 1940  
Due to Chronic degenerative heart disease 1931  
Due to Pericardial disease 1931

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) C  
(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) \_\_\_\_\_  
(e) Means of injury 1  
23. Signature J.R. Ferguson (M. D. or other) W.D.  
Address Numboldt Bldg Date signed 5/16/40

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

539 No. Grand, Ave.,  
Fr.-6585  
Hrs. 1-3 P.M.  
9-12A.M.

**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 Bradford A. Miles  
Licensed Embalmer No. 2901  
P. O. Address St. Louis Mo

**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.**