

NOV 16 1940 791

Primary Registration District No. 1003

Registrar's No. 8305

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(c) Name of hospital or institution: City Hosp. #8
(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 Catherine Bruckner

3. (b) If veteran, name war. no 3. (c) Social Security No. no

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Charles Bruckner 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan 16 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 18 If less than one day
hr. min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Unknown Valentine

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Bruckner

(b) Address 2622 Ann Av.

17. (a) Burial (b) Date thereof 10-7-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation My Hope Cem.

18. (a) Signature of funeral director W. H. Bro. & Co.

(b) Address 2938 S. Jefferson Av.

19. (a) OCT 8 1940 (b) J. T. Bruckner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
(d) Street No. 2622 Ann Av.
(If rural, give location)
(e) If foreign born, was last in U. S. _____ years

20. DATE OF DEATH: Month Oct day 4
year 1940 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature W. H. Bro. & Co. (M. D. or other) 5

Address 2938 S. Jefferson Av. Date signed 10/5/40

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.....

Paul Shanklin

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Edgar F. Mitt

Licensed Embalmer No. *2117*

P. O. Address. *2929 S. Jefferson*

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

If this body is not embalmed, fact should be so stated above.