No. 2
1-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33905

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8602

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

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: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community Birth

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5955 Emma Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Earl W. Bridegroom

3. (b) If veteran, name war None

3. (c) Social Security No. 489-01-3955

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillian Bridegroom nee Allen

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January 26, 1912 (Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Fallstaff Brewery

FATHER
12. Name William Bridegroom
13. Birthplace Danville, Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Sexauer
15. Birthplace St. Genevieve, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillian Bridegroom

(b) Address 5955 Emma Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 18 1940 (Date received local registrar) (b) J. F. Bickel (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 15th year 1940 hour 6:10 PM minute 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 Pulmonary Thrombosis following trauma Lacerations of Lungs to Compound Comminuted fracture of Left Femur & acetabulum Ruptured Bladder when fractured he was driving, which Direct was swerved to avoid striking a pedestrian, struck a standard Other conditions (Include pregnancy within 3 months of death) on the corner of Jefferson and Hebron Ave. Overlooking

Major findings: Of operation About 1:00 PM Oct 15 1940

Of autopsy

Duration

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) Accident

(b) Date of occurrence Oct. 15 1940

(c) Where did injury occur? St. Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? yes (e) Means of injury Auto

23. Signature Alfred Merry (M. D. or other)

Address Deputy Coroner Date signed 10/18/40

(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 William G. Buchho

Licensed Embalmer No. 2110

P. O. Address St. Louis, M

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.