V. S. No. 2
30M—1-4-41
rev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4154

Registrar's No. 1275

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4946 Holly Hills Ave. (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo. (b) County: 2 600

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

(d) Street No.: 4946 Holly Hills Ave. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Laura E. Brueggeman

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: William A. Brueggeman

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: March (Month) 11th (Day) 1870 (Year)

8. AGE: Years 71 Months 10 Days 30 If less than one day hr. min.

9. Birthplace: New Jersey (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Housework

FATHER 12. Name: Joseph C. Williamson

FATHER 13. Birthplace: New Jersey (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Luticia C. Campbell

MOTHER 15. Birthplace: New Jersey (City, town, or county) (State or foreign country)

16. (a) Informant: William A. Brueggeman

(b) Address: 4946 Holly Hills Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-12-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: Kriegshauser Mortuaries

(b) Address: 4228 So. Kingshighway Blvd.

19. (a) FEB 10 1942 (Date received local registrar) (b) J. F. Bruce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th year 1942 hour 12:30 minute A.M. M.

21. I hereby certify that I attended the deceased from Mar. 9, 1938 to Feb. 6, 1942; that I last saw her alive on Feb. 6, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Apoplexy	4 days
Due to: Arterio-Sclerosis	4 yrs
Due to: Chronic Nephritis	4 "
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):

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: A W Peters (M. D. or other) M.D.

Address: 4145 a S. Grand Date signed 2/10

(Licensed Embalmer's Statement on Reverse Side)

Dr. A.W. Peters
4145 A So GRAND 2-4
Lockhardt 7733

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 Reinhold K. Lohmann

Licensed Embalmer No. 3395

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, fact should be so stated above.