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16012

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
FILED MAY 28 1942 291 STANDARD CERTIFICATE OF DEATH

State File No. 4312
Registrar's No.

Registration District No. Primary Registration District No.

500
19
9

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 Days
(Specify whether
 In this community.....
years, months or days)

3. (a) PRINT FULL NAME Barbara Bruder
 3. (b) If veteran, name war 770
 3. (c) Social Security No. 770

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widow
 6. (b) Name of husband or wife Michael Bruder
 6. (c) Age of husband or wife if alive 10 years
 7. Birth date of deceased 7 - 10 - 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 5
 If less than one day
 hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER
 12. Name John Gattschall
 13. Birthplace Hungary
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Hungary
(City, town, or county) (State or foreign country)

16. (a) Informant Rudolph Bruder
 (b) Address 7616 Franklin Av.

17. (a) Burial (b) Date thereof 5-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation S.S. Peter + Paul Cem

18. (a) Signature of funeral director W. J. Brown
 (b) Address 2929 S. Jefferson Av.

19. (a) 5/11 (b) J. F. Budek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County.....
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1616 Franklin Av.
(If rural, give location)
 (e) Citizen of foreign country?.....
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15,
 year 1942 hour 9:10 minute A. M.
 21. I hereby certify that I attended the deceased from May
10, 1942, to May 15, 1942
 that I last saw her alive on May 15, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Generalized arteriosclerosis
 Duration years
 Due to 69
 Due to 12
 Other conditions Malnutrition, pellagra, cause
(Include pregnancy within 3 months of death)
 Major findings: Prostatic, diverticulus ulcer
 Of operation no operation
 Of autopsy not done
 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) (e) Means of injury
 23. Signature R. R. Robinson (M. D. or other) D
 Address 1515 Lafayette Avenue Date signed 5/25/42

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. *2447*

P. O. Address *2929 Jefferson*

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.