

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 10 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4771

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

In this community life time

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 740 Aubert Avenue
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARGARET MILLER BRUFFEE

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 widowed

6. (b) Name of husband or wife John Alvin Bruffee

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

7. Birth date of deceased March 3 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>2</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business _____

12. Name unknown Miller

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Many

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Elizabeth Bruffee

(b) Address 740 Aubert Ave., St. Louis

17. (a) burial (Burial, cremation, or removal)

(b) Date thereof 5-30-42
(Month) (Day) (Year)

(c) Place: burial ##### Bellefontaine

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 2233 Delmar Bly'd., St. Louis

19. (a) MAY 29 1942 (Date received local registrar)

F. J. Predeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1942 hour 6:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from May 26 to May 28, 1942
that I last saw her alive on May 28, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cervical carcinoma

Due to Cervical carcinoma

Due to arterio-sclerosis

Other conditions (include pregnancy within 5 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) _____
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)

Means of injury _____

23. Signature F. J. Predeck (M. D. or other) _____
Address 740 Aubert Ave. Date signed 5/29/42

Duration death

Due to Ch

Due to Ch

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Dr. E. J. Kohler
4968a Delmar Blv'd.
FO-4350
11-28-20

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

Clarence H. Murray

Licensed Embalmer No.

4011

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, fact should be so stated above.