

FILED MAR 2 1943 318

Registration District No. _____ Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:
3010a Miami Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Unknown (Specify whether)

years, months or days

3. (a) PRINT FULL NAME Christine A. Brueggemann

3. (b) If veteran, name war --

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 Louis Brueggemann

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

7. Birth date of deceased March 11, 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>11</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business --

MOTHER FATHER

12. Name Henry Busse

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

14. Maiden name Marie Rohlring

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

16. (a) Informant August Brueggemann

(b) Address 3010a Miami Street

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

(b) Date thereof 2 17 43
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Stecher-Helber-Hend. Co.

(b) Address 3634 Gravois Avenue

19. (a) FEB 16 1943 (b) J. F. Bradock
(Date received local registrar) (Registrar's signature)

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. 3010a Miami Street
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14
year 1943 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from January 6th 1943 to Feb. 14th 1943
that I last saw her alive on Feb. 14th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death chron parenchym. nephritis

Due to arteriosclerosis

Due to 1941

Other conditions Cardiac Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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) _____

(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. S. Lubus (M. D. or other) _____

Address 1802 S. Broadway Date signed _____

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.....

Robert Wheeler

Licensed Embalmer No.....

2128

P. O. Address.....

Arkansas

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.