

FILED SEP 30 1948

State File No. _____

8125

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Isolation Hospital. 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9/9/44 to 9/21/44
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME

Joseph Brussell.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced, Widower

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

7. Birth date of deceased Jan 21st 1869.
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>		_____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Unknown.

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

14. Maiden name Unknown

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

16. (a) Informant Stella Grady
 (b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof Sep 23 1944
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul Cem

18. (a) Signature of funeral director BEIDERTWIEDEN FUNERAL HOME

(b) Address 1936 St. Louis Avenue

19. (a) SEP 24 1944 (b) _____
 (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. 5800 Arsenal Street
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
 year 1944 hour 1 minute A M.

21. I hereby certify that I attended the deceased from Sept 9
1944, 19 _____ to 9/21, 1944

that I last saw him im. alive on 9/21, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia *Duration*

Due to _____
 Due to _____

Other conditions Hypertensive heart
 (Include pregnancy within 3 months of death)
disease.

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 R. Maxwell M. D. or other _____
 Address 5800 Arsenal Date signed 9-21-44

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

MOTHER FATHER

844

13/17

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 _____

Licensed Embalmer No. 3737

P. O. Address 1936 St. Louis

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.