

FILED DEC 7 1945
318

Registration District No. _____ Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
2909a Lemp Street 1
(If not in hospital or institution, write street number or location)

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

In this community _____
years, months or days

3. (a) PRINT FULL NAME **Bernard Brueggemann**

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

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

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

7. Birth date of deceased **September 15, 1884**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 2 13 hr. _____ min.

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

10. Usual occupation **Retired**

11. Industry or business _____

MOTHER FATHER { 12. Name **Bernard Brueggemann**

{ 13. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Catherine Balzer**

{ 15. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Olivia Wuertz**

(b) Address **2909 A. Lemp St.**

17. (a) **Burial** (b) Date thereof **Dec. 1, 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter & Paul Cm.**

18. (a) Signature of funeral director **Weick Bros.**

(b) Address **2201 1/2 Grand Bl.**

19. (a) **NOV 29 1945** (b) **J. F. Brudeck**
(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. **2909a Lemp St.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **28**
year **1945** hour **6** minute **0 P.** M.

21. I hereby certify that I attended the deceased from **Jan. 1945** to **Nov. 28, 1945**
that I last saw him alive on **Nov 26, 1945**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis**

Duration **Sym.**

Due to _____

Due to _____

Other conditions **93**
(Include pregnancy)

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **J. F. Brudeck** (M. D. or other) **M.D.**
Address **2000 S. Broadway** Date signed **11/29/45**

