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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 3 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35095

Registration District No. 378

Primary Registration District No. 1003

Registrar's No. 9928

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

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: St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

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

(d) Street No. 2347a S. 10th St.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARGARET BRUEGGEMANN

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry Brueggemann

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 25, 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	6	19	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business Patrick Norris

FATHER
12. Name Patrick Norris Ireland
13. Birthplace Catherine Flannery Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Catherine Flannery Ireland
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Brueggemann
(b) Address 2347 S. 10th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 17, 45
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) NOV 16 1945 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 14th
year 1945 hour 6:50 minute P M.

21. I hereby certify that I attended the deceased from 11/14/45, 19__, to 11/14/45, 19__;
that I last saw her alive on 11/14/45, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Ca of the breast c advanced

Due to metastases

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Ca of Breast
Of autopsy Ca of Breast c advanced metastases

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] 11/15/45 (M. D. or other)

Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

Emb Sep cert to be filed

NOV 15 1945

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. 3722

P. O. Address 412 Duchouquette St.

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.