

FILED JAN 12 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. 7

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
9743 MIDLAND 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 2 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ST LOUIS 9th

(c) City or town OVERLAND 13
(If outside city or town limits, write "RURAL")

(d) Street No. 9743 MIDLAND 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Adolph BRUCKER

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

4. Sex M. 1 5. Color or race W. 6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife ANNA BRUCKNER 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased JAN 10 1886
(Month) (Day) (Year)

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

59 11 20 hr. min.

9. Birthplace ST LOUIS Mo A
(City, town, or county) (State or foreign country)

10. Usual occupation Retired RR Worker

11. Industry or business MO PACIFIC

12. Name GADFREY BRUCKNER

13. Birthplace do NOT KNOW 4
(City, town, or county) (State or foreign country)

14. Maiden name CLARA CHARLOCK

15. Birthplace WELLSVILLE Mo 0
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Brucker

(b) Address 9743 MIDLAND

17. (a) BURIAL (b) Date thereof 1-2-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEIN

18. (a) Signature of funeral director ORTMAN F. HOME

(b) Address OVERLAND Mo

19. (a) 1-8-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1945 hour _____ minute 5 P. M.

21. I hereby certify that I attended the deceased from Dec
38 to Nov 16 1945
that I last saw him alive on Nov 16 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis

Due to 93A

Due to _____

Other conditions (Include pregnancy within 3 months of death)

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)

(c) Means of injury 0

23. Signature [Signature] (M. D. number) _____
Address 6336 Clayton Road Date signed 12/31/45

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

6336 Clayton

0701 73,070

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 Al C. Ostman

Licensed Embalmer No. 3478

P. O. Address.....

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.