

FILED JUL 30 1946

Registration District No. 317 Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County ST LOUIS

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

(c) Name of hospital or institution:
#2 EAST GLENDALE ROAD
(If not in hospital or institution, write street number or location)

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

In this community 18 MONTHS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES 19
(If outside city or town limits, write "RURAL")

(d) Street No. #2 EAST GLENDALE ROAD
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME BETTIE ELIZABETH BRUECKNER

3. (b) If veteran, name war No

3. (c) Social Security No. NONE

4. Sex F

5. Color or race W

6. (a) ~~Single~~ widowed, married, discarded WIDOWED

6. (b) Name of husband or wife AUGUST BRUECKNER

6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased JULY 5 1867
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7th day 21st year 1946 hour 4 minutes 00 P.M. DST.

21. I hereby certify that I attended the deceased from 0 October 1, 1945, to July 20, 1946, that I last saw her alive on July 20, 1946, and that death occurred on the date and hour stated above.

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

79 0 16 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to arteriosclerosis

Due to 830

9. Birthplace LOVE ELM (BOONEVILLE) Mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER

12. Name NICHOLAS SMITH

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

14. Maiden name MARGARET DORNHAUSER

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Nette E Neuf

(b) Address #2 EAST GLENDALE ROAD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-23-46
(Month) (Day) (Year)

(c) Place: burial or cremation BOONEVILLE MO

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? _____

18. (a) Signature of funeral director MITTELBERG FUNERAL HOME INC

(b) Address WEBSTER GROVES MO 19

19. (a) 7-23-46 (Date received local registrar)

(b) E. D. Mc Gorman (Registrar's signature)

23. Signature Walter W. Nestor (M. D. _____)

Address 204 E Big Bend Road Date signed 7/22/46

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

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address St. Louis, Mo

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.