

FILED AUG 12 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Mt. St. Rose Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 Months  
(Specify whether  
In this community 16 years  
years, months or days)

3. (a) PRINT FULL NAME Gelee Brueggen

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 499-01-5515

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward H. Bruggen  
6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased July ' 7 1917  
(Month) (Day) (Year)

8. AGE: Years 29 Months 0 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Wesley Wallace  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Taylor  
15. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward H. Brueggen

(b) Address Ferguson, Mo.

17. (a) Burial (b) Date thereof 8/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sacred Heart Cem.

18. (a) Signature of funeral director White Funeral Home

(b) Address Ferguson, Mo.

19. (a) 83-46 (b) E. McBarra  
(Date received local register) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Ferguson  
(If outside city or town limits, write "RURAL")  
(d) Street No. 435 Parst Rd.  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31  
year 1946 hour 6 minute 45 A.M.

21. I hereby certify that I attended the deceased from Feb 25  
1946 to July 30 1946  
that I last saw her alive on July 30 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Perforation of tuberculous ulcer of Cecum Duration 12 hrs

Due to Far Advanced Pulm Tbc 3 yrs

Due to 30  
Other conditions Dermitidect psori  
(Includes pregnancy within 3 months of death)

Major findings: Same  
Of operations \_\_\_\_\_  
Of autopsy Same  
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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Margo Ometz MD (M. D. or other) \_\_\_\_\_  
Address 9101 So. Broadway Date signed 7/31/46

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

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**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. 3973

P. O. Address Bergman, Ill

**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.**