

S. No. 2
OM-5-43
v. 5-17-39
I X36871

28500

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
FILED AUG 20 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **6865**

Registration District No. **318** Primary Registration District No. **1003**

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:
Lutheran Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5452 Loughborough**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Frank Bruder**
(b) If veteran, name war **X**
(c) Social Security No. **488-09-3800**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna**
6. (c) Age of husband or wife if alive **56** years
7. Birth date of deceased **Aug. 10 1897**
(Month) (Day) (Year)

8. AGE: Years **48** Months **11** Days **23**
If less than one day hr. min.

9. Birthplace **Freiburg, Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Machinist**

11. Industry or business **Aalco Valve Co**

12. Name **Lawrence Bruder**

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

14. Maiden name **Not Known**

15. Birthplace **Not Known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Bruder**
(b) Address **5452 Loughborough**

17. (a) **burial** (b) Date thereof **8/7/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul**

18. (a) Signature of funeral director **J L Ziegenhein & Sons**
(b) Address **7027 Gravois Avenue**
19. (a) **AUG 6 1946** (b) **J F Brebeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **August** day **3**
year **1946** hour **5:30 P.** minute _____ M.
21. I hereby certify that I attended the deceased from **July 30**
19 **46** to **Aug. 3, 1946**, 19 _____
that I last saw him alive on **Aug. 3, 1946**, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Heart Disease**
Due to **Arteriosclerosis**

Due to **122A**
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **Epigastric Hernia, incarcerated**
Of operations _____
Of autopsy _____

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. Lewis Hunter** (M. D. or other) **M.D.**
Address **3606 Gravois** Date signed **8/5/46**

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

MOTHER FATHER

Duration
?
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Frank J. Durne

Licensed Embalmer No. 2245

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.