No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18655

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4519

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

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: Shelby Hotel -508 Pine St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 25 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. Shelby Hotel 508 Pine St. 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME William F. Brueggemann

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 492-22-8216

4. Sex male C

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. (Month) 14 (Day) 1902 (Year)

8. AGE: Years 45 Months 2 Days ~~30~~ 17 If less than one day hr. min.

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

10. Usual occupation Invaled, Plastic Worker

11. Industry or business

FATHER
12. Name Charles Brueggemann
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Dodel
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Clara Brueggemann
(b) Address 4241 a Gibson

17. (a) burial (Burial, cremation, or removal) (b) Date thereof May 5, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave.

19. (a) MAY 3 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1
year 1947 hour 3 minute 00 P. M.

21. I hereby certify that I attended the deceased from 5, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Sodium Chloride Poisoning Self Administered when found in his room #662 Shelby Hotel 508 Pine St on May 1st 1947

Due to At about 3:00 P.M.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1/5 A

Of autopsy

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence May 1st 1947

(c) Where did injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hotel (Specify type of place)

While at work? (e) Means of injury Code

23. Signature [illegible] (M. D. or other)

Address [illegible] Date signed 5/3/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 1 194X

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.....Albert Mayfield.....

Licensed Embalmer No.....B077.....

P. O. Address.....St. Louis.....

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.