S. No. 2
M—1/47
r. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22851

FILED JUL 13 1947

Registration District No. 317

Primary Registration District No. 3068

Registrar's No. 1464

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 7324 Lyndover
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Maplewood 5
(If outside city or town limits, write "RURAL")
(d) Street No. 7324 Lyndover 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Otto W. Bruehmann
3. (b) If veteran, name war -----
3. (c) Social Security No. 493-09-7713

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida M.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased October (Month) 1st. (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	9	4	..... hr. ..... min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation President
11. Industry or business Banner Book Binding Co.

FATHER
12. Name Charles F. Bruehmann
13. Birthplace ..... (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Reich
15. Birthplace ..... (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. Ida Bruehmann
(b) Address 7324 Lyndover, Maplewood, Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard
18. (a) Signature of funeral director Wicke-Hoberle U. & L. Co.
(b) Address 3634 Gravois, St. Louis, Mo.
19. (a) 7-8-47 (Date received local registrar) (b) Cecil A. Sharp (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1947 hour 10 minute 20 P M.

21. I hereby certify that I attended the deceased from Sept. 25, 1941, 19..., to July 5, 1947, 19...; that I last saw him alive on July 5, 1947, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Catastrophe	30 min.
Angina Pectoris	1 min.
Due to Pulmonary Edema	3 min
Due to Mitral Regurgitation	years
Other conditions (Include pregnancy within 3 months of death)	

92 B

Major findings:
Of operations .....
Of autopsy .....

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) —
(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)
While at work? — (e) Means of injury —

23. Signature Floyd Steward (M. D. or other)
Address Chemical Bldg. Date signed 7/7/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1948

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 Robert C Wheeler

Licensed Embalmer No. 2128

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.