

No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED APR 3 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10023

1003

Registrar's No. 2739

Registration District No. 318

Primary Registration District No.

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:
2226 a Madison St.
(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.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2226 a Madison St
20 (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Edna Brueggemann

3. (b) If veteran,

name war..... no

3. (c) Social Security No.

none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife..... Ben H. Brueggeman
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 30 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 2 18 hr. min.

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

10. Usual occupation at home

11. Industry or business none

12. Name Leo Hamilton
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Maud Stevens
15. Birthplace Green Valley Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Ben H. Brueggeman
(b) Address 2226 a Madison St

17. (a) burial (b) Date thereof Mar-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director A. Row R. Co.
(b) Address 2707 N. Grand Blv'd

19. (a) MAR 19 1948 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day March
year 1948 hour 7 minute 15 P. M.

21. I hereby certify that I attended the deceased from Mar 15
Mar 18 1948
to Mar 19 1948
that I last saw h. alive on Mar 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy
ida

Due to.....
Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

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?.....

While at work?..... (Specify type of place)
(c) Means injury.....
23. Signature B. J. Thegal (M. D. or other)
Address 1875 Madison Date signed 3/19/48

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

MOTHER FATHER

2/10

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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.....

Stanley H. Dixon

Licensed Embalmer No.....

4193

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.