

FILED APR 23 1948

318

Primary Registration District No.

1005

Registrar's No.

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: **City Sanitarium**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4mos. 18ds.**
(Specify whether **Life**)

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. **2576a Montgomery St.**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **CARRIE BRUCKER**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex **Female** race **white** 5. Color or
6. (a) Single, widowed, married, divorced **Mar**
6. (b) Name of husband or wife..... **Albert Brucker**
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... **August 15 1872**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **5**
year **1948** hour **1.30** minute..... P. M.

21. I hereby certify that I attended the deceased from **Nov. 48**
17, 19**47**, to **April 5**, 19**48**
that I last saw her alive on **April 5**, 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Arteriosclerosis-generalized-11/17/47x

8. AGE:	Years	Months	Days	If less than one day
	75	7	20 hr. min.

Due to..... **Senility.**

Due to.....

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

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

10. Usual occupation **Housewife**

11. Industry or business.....

12. Name..... **John W. Harper**

13. Birthplace..... **St. Louis Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Jane**

15. Birthplace..... **St. Louis - Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Shelvia Dugler**
(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **I/8/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **St. Peters Cemetery**

18. (a) Signature of funeral director **Sullivan Funeral Hse**
(b) Address **2849 North Euclid Ave.**

19. (a) **APR 7 1948** (b) **J. F. Brodeur**
(Date received local registrar) (Registrar's signature)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings:
Of operations.....

Of autopsy..... **No**

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 **Jack R. Bideman** (M.D. or other).....
Address **5400 Arsenal St.** Date signed **4/5/48**

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 J. Penkman
Licensed Embalmer No. 3839
P. O. Address _____

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.