S. No. 2
—1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 547

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 14958

Registrar's No. 949940

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Pine Lawn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mother of Good Council Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 Hrs. (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")
(d) Street No.: 6825 Natural Bridge Rd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): No
If yes, name country:

3. (a) PRINT FULL NAME: Elizabeth Brueggemann
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 26, (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
70	4	14	hr. min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER
12. Name: Bernard Brueggemann
13. Birthplace: Germany (City, town, or country) (State or foreign country)
MOTHER
14. Maiden name: Anna Maria Willmes
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Marie Prag
(b) Address: 2712 S. Compton Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation: St. Peter & Paul Cemetery
18. (a) Signature of funeral director: John H. Gebken Sons Und. Co.
(b) Address: 2630 Gravois Ave.
19. (a) 4-13-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1948 hour 11,50 minute P M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac decompensation + Failure	2 wks
Due to: Chr. generalized Arteriosclerosis	9.
Due to: Hypertension - Cardiac Block	7.
Other conditions: Cerebral Apoplexy Left Hemiplegia Rt.	Oct 47
Major findings: Of operations: Cerebral hemorrhage Nasal feeding with tube	2 yrs
Of autopsy: No.	

PHYSICIAN yes

Died in home of memorbs

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: [signature] (M. D. or other)
Address: 3734 Jennings Rd Date signed: 4/12/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois Ave.

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.