

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27556  
Registrar's No. 7535

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME

Leon M. Brucker

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male  
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 25 1929  
(Month) (Day) (Year)

8. AGE: Years 18 Months 9 Days 1  
If less than one day hr. min.

9. Birthplace Oran Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

Ferdinand Brucker

12. Name Ferdinand Brucker  
13. Birthplace Oran Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Louise Whitefield  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Hannah Brucker  
(b) Address 2306 Bristoe, Overland, Mo.

17. (a) Burial (b) Date thereof 8-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oran, Mo.

18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.

19. (a) AUG 27 1948 (Date received local registrar)  
(b) Registrar's signature J. F. Brucker

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott  
(c) City or town Oran (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 26  
year 1948 hour 12 minute Noon M.

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

Immediate cause of death Bilateral hydrothorax, Ascites; Infected amputation left arm at shoulder; when he was involved in an auto accident between Oran and Morley, Missouri, about 3:00 PM, July 25, 1948. CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OPEN VERDICT  
(a) Accident, suicide, or homicide (specify) July 25, 1948  
(b) Date of occurrence  
(c) Where did injury occur? between Oran and Morley, Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? see above (Type of place)  
(e) Means of injury see above  
23. Signature J. F. Brucker (M. D. or other)  
Address 1300 Clark 3 Date signed 8-27-48

161 20 1934

### 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 Gustav W. Dietrich

Licensed Embalmer No. 4328

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.**