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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37923

Registrar's No. 16320

**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: St. Louis Childrens Hospital
(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 Illinois (b) County Macoupin 999

(c) City or town Carlinville
(If outside city or town limits, write "RURAL")

(d) Street No. 123 Washington 2
(If rural, give location)

(e) Citizen of foreign country? N.R. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME David Carl Brueggemann

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

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) 5 (Day) 1948 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 0 | 0 | 22 | hr. min. |

9. Birthplace Litchfield (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Carl Brueggemann
13. Birthplace Shipman (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Freda Broers
15. Birthplace Gillespie (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Carl Brueggemann
(b) Address Carlinville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Carlinville, Ill.

18. (a) Signature of funeral director Wiese Funeral Home.
(b) Address Carlinville, Ill.

19. (a) NOV 28 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 11 day 27 year 48 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from 11-6-, 1948 to 11-27-, 1948; that I last saw him alive on 11-27-, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Tracheo esophageal fistula

Due to

Due to

157 M

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to 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 0

23. Signature Don L. Thurston (M.D. or other)

Address Children's Hosp Date signed 11/27

(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.....No Embalm.....

Licensed Embalmer No.....

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.**