

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24599
6228

FILED JUL 29 1950

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place) <u>LIFETIME</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DOWN ST. LOUIS 20919</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4220 W. FLORISSANT AV.</u>				d. STREET ADDRESS (If rural, give location) <u>2131 GANO AV.</u>				
3. NAME OF DECEASED (Type or Print) <u>LOUISE BRUER</u>			a. (First)			b. (Middle)		
4. DATE OF DEATH <u>JULY 19, 1950</u>			a. (Month)			b. (Day)		
5. SEX <u>FEMALE</u>			6. COLOR OR RACE <u>WHITE</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		
8. DATE OF BIRTH <u>JULY 21, 1876</u>			9. AGE (in years last birthday) <u>73</u>			10. IF UNDER 1 YEAR Months _____ Days _____		
11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. IF UNDER 1 YEAR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>			11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MO.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>JACOB HARTH</u>			13b. MOTHER'S MAIDEN NAME <u>HENRIETTA BEGEMAN</u>		
14. NAME OF HUSBAND OR WIFE <u>CHARLE BRUER</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>ERNEST BURKE</u>			18. ADDRESS <u>4315 N. 19 ST.</u>			19. MEDICAL CERTIFICATION		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Valvular Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Naloxone Head -</u>					
DUE TO (c) _____			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Deep vein</u>					
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <u>4514</u>		
22. I hereby certify that I attended the deceased from <u>July 5, 1950</u> , to <u>July 19, 1950</u> , that I last saw the deceased alive on <u>July 19, 1950</u> , and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Beane J. Mowbray</u>			b. (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>4032 W. 4th</u>		
23c. DATE SIGNED <u>7/19/50</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>			24b. DATE <u>7-20-50</u>		
24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOHNS CEMETERY</u>			24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>			DATE REC'D BY LOCAL REG. <u>JUL 20 1950</u>		
REGISTRAR'S SIGNATURE <u>J. B. Gaster</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>SUED MEYER</u>			ADDRESS <u>+90NS 3934 N. 209</u>		

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Neville B. Truhwetter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th ST.

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.