

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28050
6880

BIRTH NO. 43523-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6880

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Children's Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>107 E. 24th</u>	

3. NAME OF DECEASED a. (First) <u>KATHLEEN</u> b. (Middle) <u>MAY</u> c. (Last) <u>BRUGGEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-12-50</u>
---	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>6-21-50</u>	9. AGE (In years last birthday) <u>0</u> IF UNDER 1 YEAR Days Months IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Louis Bruggeman</u>	13b. MOTHER'S MAIDEN NAME <u>Merlene Jones</u>	14. NAME OF HUSBAND OR WIFE <u>E. Salantai</u>
--	---	---

15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>E. Salantai</u>	ADDRESS
---	-------------------------	---	---------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 wk</u> <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart disease, type unknown.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>757.4</u>
--	--	--

22. I hereby certify that I attended the deceased from 8-11, 1950, to 8-12, 1950, that I last saw the deceased alive on 8-12, 1950, and that death occurred at 1:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. G. Klingberg</u> M.D.	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
---	-------------------	--------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>8-14-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Church</u>	24d. LOCATION (City, town, or county) (State) <u>Alton</u>
---	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>AUG 14 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Foster and Co.</u>	ADDRESS <u>2420 Mich.</u>
---	--	---	------------------------------

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

1889

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 W E Morris

Signed.....
Student Embalmer

Licensed Embalmer No. 3360

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.