

FILED SEP 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31563  
7830

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY: <u>St. Johns Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>2079</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. Johns Hospital.</u>		d. STREET ADDRESS (If rural, give location): <u>7 5979 Drury Lane</u>	

3. NAME OF DECEASED (Type or Print) a. (First): <u>William</u> b. (Middle): <u>G.</u> c. (Last): <u>Brueggen.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 13 1950</u>		
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Aug 4 1898</u>	9. AGE (In years last birthday) (Specify): <u>52</u>	IF UNDER 1 YEAR: <u>1</u> Months <u>9</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Proprietor</u>		10b. KIND OF BUSINESS OR INDUSTRY: <u>Tavern</u>		11. BIRTHPLACE (State or foreign country): <u>Black Jack Mo</u>	
12. CITIZEN OF WHAT COUNTRY?: <u>U.S.A.</u>					

13a. FATHER'S NAME: <u>William Brueggen</u>		13b. MOTHER'S MAIDEN NAME: <u>Josephine Knoebe</u>		14. NAME OF HUSBAND OR WIFE: <u>Edna Brueggen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>None</u>		16. SOCIAL SECURITY NO.:		17. INFORMANT'S SIGNATURE OR NAME: <u>Edna Brueggen</u> ADDRESS: <u>5979 Drury Lane</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Laennec's cirrhosis</u> ANTECEDENT CAUSES <u>Gastric Hemorrhage</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>5yr.</u> <u>1wks.</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>5811</u>	

22. I hereby certify that I attended the deceased from Dec 1947, to Sept 1950, that I last saw the deceased alive on 9-13, 1950, and that death occurred at 2:50 AM, from the causes and on the date stated above.

23a. SIGNATURE: <u>John Lynch MD</u> (Degree or title)		23b. ADDRESS: <u>8212 N Broadway</u>		23c. DATE SIGNED: <u>9-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Burial</u>		24b. DATE: <u>Sept 16 1950</u>		24c. NAME OF CEMETERY OR CREMATORY: <u>Calvary Cemetery</u>	
24d. LOCATION (City, town, or county) (State): <u>St. Louis Mo</u>					

DATE REC'D BY LOCAL REG. SEP 15 1950		REGISTRAR'S SIGNATURE: <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE: <u>Buckholz-Keller</u> ADDRESS: <u>5467 N. Blumhardt</u>	
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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~~ by ME

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed G W Wilkinson

Licensed Embalmer No. 3575

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.

*[Handwritten scribbles and illegible text at the bottom of the page]*