

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9932

FILED APR 9 1951

State File No. 2877
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 2877		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			c. LENGTH OF STAY (In this place) 77 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			2159					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4633 Alaska				STREET ADDRESS (If rural, give location) 4633 Alaska									
3. NAME OF DECEASED (Type or Print) LOUISE			a. (First)		b. (Middle) E.		c. (Last) BRUEGGEMAN		4. DATE OF DEATH (Month) (Day) (Year) March 27, 1951				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 12, 1873		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) St. Louis			12. CITIZEN OF WHAT COUNTRY? D				
13a. FATHER'S NAME Charles Ehrenberg				13b. MOTHER'S MAIDEN NAME Pauline Judd			14. NAME OF HUSBAND OR WIFE John C. Brueggeman						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Erwin Brueggeman, 4633 Alaska						ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH			
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) br Myocarditis		DUPLICATE								19 MO	
		ANTECEDENT CAUSES		DUPLICATE								14 MO	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE								19 MO.	
II. OTHER SIGNIFICANT CONDITIONS		Cardio. Vascular - Hypertension -											
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? 592X								
22. I hereby certify that I attended the deceased from 3/26 , 19 51 , to 3/27 , 19 51 , that I last saw the deceased alive on 3/27 , 19 51 , and that death occurred at 1:00P m., from the causes and on the date stated above.													
23a. SIGNATURE William J. Hens				(Degree or title) M.D.		23b. ADDRESS H-3 - Ferguson Mo.			23c. DATE SIGNED				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/30/51		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.						
DATE REC'D BY LOCAL REG. MAR 28 1951		REGISTRAR'S SIGNATURE J. B. Laster				25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F. H. ADDRESS 1936 St. Louis Ave.							

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

Dr. Willard J. Hans

4535 Virginia

Hours 10 to 11
7 to 8

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 *Delis J. Krupin*

Signed.....
Student Embalmer

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.