

FILED JAN 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42800

State File No. 11065

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11065**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY 2969	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 26 3210 N. 19th Street, 7,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3210 N. 19th Street, 7.			

3. NAME OF DECEASED (Type or Print) a. (First) Walter	b. (Middle) A.	c. (Last) Bruer	4. DATE OF DEATH (Month) (Day) (Year) Dec. 13th, 1951
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 15th, 1891
9. AGE (to years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	11. BIRTHPLACE (State or foreign country) 0
10b. KIND OF BUSINESS OR INDUSTRY Combustion Engr. Co.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Albert Bruer	13b. MOTHER'S MAIDEN NAME Charlotte Wittbrodt	14. NAME OF HUSBAND OR WIFE Ida Bruer nee Lilienthal
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Ida L. Bruer, 3210 N. 19th Street, 7,	ADDRESS 3210 N. 19th Street, 7,
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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 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Oat cell carcinoma of lung</u>		
ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION 10/16/51	19b. MAJOR FINDINGS OF OPERATION Inoperable carcinoma of lung	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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? 163X
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22. I hereby certify that I attended the deceased from 2-1, 1945, to 12-13, 1951, that I last saw the deceased alive on 12-12, 1951, and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. Norman Oysel M.D.	23b. ADDRESS 509 North Grand	23c. DATE SIGNED 12-14-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/17/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.
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DATE REC'D BY LOCAL REG DEC 14 1951	REGISTRAR'S SIGNATURE Calvin F. Feutz MD	25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Grand & Olive Lu. 2400  
2:00 P. M. to 6:00 P. M. FRIDAY.

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John A. Mlinian*

Licensed Embalmer No. *4186*

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.