

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14094**
Registrar's No. **3321**

FILED APR 25 1952

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. 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 Saint Louis		c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis, 2109		d. STREET ADDRESS (If rural, give location) 10 4261 Red Bud Avenue, 15,
d. FULL NAME OF HOSPITAL OR INSTITUTION 4261 Red Bud Avenue, 15,			d. STREET ADDRESS (If rural, give location) 10 4261 Red Bud Avenue, 15,		
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) W. c. (Last) Brueseke			4. DATE OF DEATH (Month) (Day) (Year) April 8th, 1952		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 23rd, 1861	9. AGE (In years last birthday) 91	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman	10b. KIND OF BUSINESS OR INDUSTRIAL ESTABLISHMENT National Engraving & Stamping Co.		11. BIRTHPLACE (City and State or Foreign Country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Ernest Brueseke		13b. MOTHER'S MAIDEN NAME Fredericka Lindemann		14. NAME OF HUSBAND OR WIFE Late Louise Brueseke	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Alvina Hecht, 4261 Red Bud Avenue, 15		
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) CORONARY Occlusion ANTECEDENT CAUSES ARTERIO SCLEROSIS 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 8 HRS
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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? A201				
22. I hereby certify that I attended the deceased from Feb 13, 1952 , to Apr 8, 1952 , that I last saw the deceased alive on Apr 8, 1952 , and that death occurred at 10:30A m., from the causes and on the date stated above.					
23a. SIGNATURE John G. McJannet MD (Degree or title)			23b. ADDRESS 5017 Thebela Av		23c. DATE SIGNED 4/9/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/10/52	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
DATE REC'D BY LOCAL REGISTRAR APR 9 1952	REGISTRAR'S SIGNATURE Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Calvin F. Feutz, 4828 Natural Bridge Blvd		

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

9:30 A. M. to 11:00 A. M.
Daily except Thursday.

FILE IN CITY.

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 Ralph C. Anderson

Licensed Embalmer No. 4275

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.