V.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 6 1952

State File No. 17807

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4548

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 4 DAYS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2189

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

d. STREET ADDRESS (If rural, give location) 18 4241 A GIBSON

3. NAME OF DECEASED (Type or Print) a. (First) CLARA b. (Middle) FRANCES c. (Last) BRUEGGEMANN

4. DATE OF DEATH (Month) MAY (Day) 15, (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH MAY-30-1884
9. AGE (In years last birthday) 67 | If under 1 year: Months 11 Days 15 | If under 1 hr.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY AT-HOME
11. BIRTHPLACE (City and State or Foreign Country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME CHARLES-A-DODEL
13b. MOTHER'S MAIDEN NAME SELMA-BENDER
14. NAME OF HUSBAND OR WIFE CHARLES-BRUEGGEMANN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 494-36-58 UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME FRED-DODEL-6738 GARNER- 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

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. Diabetes mellitus with ketosis — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? 3403

22. I hereby certify that I attended the deceased from 5-11-52, 19__, to 5-15-52, 19__, that I last saw the deceased alive on 5-15-52, 19__, and that death occurred at 2:45A m., from the causes and on the date stated above.

23a. SIGNATURE H. L. Meyer (Degree or title) MD
23b. ADDRESS 1515 Lafayette
23c. DATE SIGNED 5-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 4
24b. DATE 5-17-52
24c. NAME OF CEMETERY OR CREMATORY NEW-ST-MARCUS-CEMETERY
24d. LOCATION (City, town, or county) ST. LOUIS CO (State) MO

DATE REC'D BY LOCAL REG. MAY 16 1952
REGISTRAR'S SIGNATURE J. Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH 7456 MANCHESTER-MAPLEWOOD ADDRESS MO

(Licensed Embalmer's Statement on Reverse Side)

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

Non Tuberculous - Cultures negative
no other information. Dr. Smith OK

JUL 11 1969

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address 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.