

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

29286

State File No. ....

FILED AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7157**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>2079</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS. 1</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS. 0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4917 GENEVIEVE, AV.</b>		d. STREET ADDRESS (If rural, give location) <b>7 4917 GENEVIEVE, AV.</b>	

3. NAME OF DECEASED (Type or Print) <b>LESTER. J. BRUDER.</b>	a. (First) <b>J.</b>	b. (Middle)	c. (Last) <b>BRUDER.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 24 1952</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED.</b>	8. DATE OF BIRTH <b>OCT 30, 1902</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STELL FINISHER.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>GENR. STELLCASTING</b>	11. BIRTHPLACE (State or foreign country) <b>ST. LOUIS, MO</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM BRUDER.</b>	13b. MOTHER'S MAIDEN NAME <b>KATHERINE WREN.</b>	14. NAME OF HUSBAND OR WIFE <b>LEVARNE BRUDER.</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>NONE 499-01-3615</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LEVARNE BRUDER.</b>	ADDRESS <b>4917 GENEVIEVE, AV.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary artery thrombosis</b> DUE TO (c) <b>Atherosclerosis</b>		
	II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>4201</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **7-16, 1952**, and that death occurred at **2:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Wilson</b> (Degree or title)	23b. ADDRESS <b>D.O. # 401 W. Florissant</b>	23c. DATE SIGNED <b>7-24-52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JULY 26, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>LAUREL HILL MEMORIAL</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO. MO.</b>
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DATE REC'D BY LOCAL REG. <b>JUL 25 1952</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BUCHHOLTZ-KOELLER</b>	ADDRESS <b>5967 W. FLORISSANT AV.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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, or by \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed Wm. G. Buchholz

Licensed Embalmer No. 2116

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.