

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

FILED OCT 1 - 1953

State File No. **32965**
Registrar's No. **7997**

BIRTH NO. **69749** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Velda Village 18	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1648 1/2 Lulu	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospital			

3. NAME OF DECEASED (Type or Print) Baby Michele Jean Brueggeman			4. DATE OF DEATH (Month) (Day) (Year) 8-15-53		
a. (First)	b. (Middle)		c. (Last)	5. SEX Female	6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 8-15-53	9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo.	12. CITIZEN OF WHAT COUNTRY?
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME Raymond James Brueggeman	13b. MOTHER'S MAIDEN NAME Louise Theresa Hahn	14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Louise Brueggeman</i> ADDRESS 1648 1/2 Lulu	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 45 Min
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anencephaly, congenital		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) 750X		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Aug. 15, 1953, to Aug. 15, 1953, that I last saw the deceased alive on Aug. 15, 1953, and that death occurred at 9:50a m., from the causes and on the date stated above.

23a. SIGNATURE <i>William L. Hauptmann, M.D.</i> (Degree or title)		23b. ADDRESS 6244 Oakland St. Louis		23c. DATE SIGNED 8-15-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-17-1953		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	
		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.			

DATE REC'D BY LOCAL REG. AUG 17 1953		REGISTRAR'S SIGNATURE <i>J. Earl Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros. 3320 N. Kingshighway	
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G.P. (Licensed Embalmer's Statement on Reverse Side)

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

Fred Frick

Not Embalmed

Licensed Embalmer No. *3186*

P. O. Address *St. Louis, Mo.*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.