

STANDARD CERTIFICATE OF DEATH

34603

FILED OCT 2 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2381

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANCHESTER</u>	c. LENGTH OF STAY (in this place) <u>11 MONTHS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAYETTEVILLE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANCHESTER NURSING HOME</u>		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>FRIDCA</u>	b. (Middle) _____	c. (Last) <u>BRUEHAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-7-1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-24-1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>CHRIST BRUEHAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u> <u>NONE</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Hasler</u> ADDRESS <u>Bellville, Ill.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>		
	DUE TO (c) <u>SENILITY</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>NONE</u>			

19a. DATE OF OPERATION <u>NONE</u>	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) <u>NONE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>
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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? _____
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22. I hereby certify that I attended the deceased from JULY 23, 1952, to SEPT. 7, 1953, that I last saw the deceased alive on SEPT. 6, 1953, and that death occurred at 6:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. R. Loving, M.D.</u> (Degree or title)	23b. ADDRESS <u>BALLWIN, MO.</u>	23c. DATE SIGNED <u>9-7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVABLE</u>	24b. DATE <u>9-7-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL</u>	24d. LOCATION (City, town, or county) (State) <u>FAYETTEVILLE ILLINOIS</u>
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DATE REC'D BY LOCAL REG. <u>9/7/53</u>	REGISTRAR'S SIGNATURE <u>Heckler B. Sommers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. Dennis</u> ADDRESS <u>Belleville Ills</u>
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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 _____

not embalmed
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed

Geo. Penner

Licensed Embalmer No.

2314

P. O. Address

Belleville Mo

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

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