

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27098

State File No. 3623

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY Jackson

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

b. CITY (If outside corporate limits, write RURAL and give township)  
Kansas City

c. LENGTH OF STAY (In this place)  
4 years

c. CITY (If outside corporate limits, write RURAL and give township)  
OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION  
Little Sisters of the Poor

d. STREET ADDRESS (If rural, give location)  
5331 Highland

3. NAME OF DECEASED  
a. (First) Theodore b. (Middle) \_\_\_\_\_ c. (Last) Bruer

4. DATE OF DEATH (Month) (Day) (Year)  
July 23, 1954

5. SEX  
Male

6. COLOR OR RACE  
White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widower

8. DATE OF BIRTH  
July 10, 1875

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.  
79 years

10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, even if retired)  
Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farming

11. BIRTHPLACE (State or foreign country)  
Wisconsin

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME  
No record

13b. MOTHER'S MAIDEN NAME  
No record

14. NAME OF HUSBAND OR WIFE  
Delia Schernan Bruer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mother Superior-Little Sisters of the

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Poor. Broncho pneumonia  
INTERVAL BETWEEN ONSET AND DEATH 4 days  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis  
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis  
INTERVAL BETWEEN ONSET AND DEATH 2 weeks

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)  
3321

21d. TIME OF INJURY (Month) (Day) (Year), (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/19, 1951, to 7/23, 1954, that I last saw the deceased alive on 7/23, 1954, and that death occurred at 2 A.M. from the causes and on the date stated above.

23a. SIGNATURE (Type or Print)  
Joseph A. Fogarty

23b. ADDRESS  
402 Northman St. #2

23c. DATE SIGNED  
7/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

24b. DATE  
July 24, 1954

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)  
Atchison, Kas.

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE  
7-24-54 Geraldine Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Thomas E. Quirk 4316 Troost Ave.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Joseph A. Fogarty... DO

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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.