

FILED SEP 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31656**
Registrar's No. **8282**

| | | | | | | | | | | | |
|--|--|--|--|--|--|---|------------------------------|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | State File No. 31656 | | Registrar's No. 8282 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN St Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital | | | | e. STREET ADDRESS (If rural, give location) 23 1324 Park Av | | 2239 | | | | | |
| 3. NAME OF DECEASED (Type or Print) Charles | | | a. (First) | | b. (Middle) P. | | c. (Last) Bruegel | | 4. DATE OF DEATH (Month) (Day) (Year) Sept 7 1954 | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | | 8. DATE OF BIRTH Oct 14 1879 | | 9. AGE (In years last birthday) 74 | | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor | | | | 10b. KIND OF BUSINESS OR INDUSTRY M.A.C. | | 11. BIRTHPLACE (City and State or Foreign Country) Germany | | 12. CITIZEN OF WHAT COUNTRY? U S A | | | |
| 13a. FATHER'S NAME Charles Bruegel | | | 13b. MOTHER'S MAIDEN NAME Unknown | | | 14. NAME OF HUSBAND OR WIFE None | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rose Specht 1324 Park Av | | | | | | |
| 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. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the mouth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input 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) | | | | | | | |
| 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? 144x | | | | | | | |
| 22. I hereby certify that I attended the deceased from 1954 to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 p.m. , from the causes and on the date stated above. | | | | | | | | | | | |
| 23a. SIGNATURE Patrick J. Taylor Carme (Deceased or title) | | | | 23b. ADDRESS 305 Clark | | | | 23c. DATE SIGNED 9/13/54 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 9/11/54 | | 24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery | | 24d. LOCATION (City, town, or county) (State) St Louis Mo. | | | | | |
| DATE REC'D BY LOCAL REG. SEP 8 1954 | | REGISTRAR'S SIGNATURE Charles Smith M.D. | | | 25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home | | ADDRESS 1926 Allen Av | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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.....
Signature of Student Embalmer

Signed *Renshold K. Lehman*

Licensed Embalmer No. *338*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.