

FILED APR 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2206

BIRTH NO.

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

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS,		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN NORTHWOODS 4150		
d. FULL NAME OF HOSPITAL OR INSTITUTION DEACONESS HOSPITAL			d. STREET ADDRESS (If rural, give location) 4401 BEGG		
3. NAME OF DECEASED (Type or Print) a. (First) BERNICE b. (Middle) M c. (Last) BRUMER			4. DATE OF DEATH (Month) (Day) (Year) 3 9 55		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8/15/1915	9. AGE (In years last birthday) 39	10. UNDER 1 YEAR Months Days 3 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) ST LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ADELBERT PRATT		13b. MOTHER'S MAIDEN NAME MATHILDA HEGER		14. NAME OF HUSBAND OR WIFE HENRY H. BRUMER JR.	
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 HENRY H. BRUMER JR 4401 BEGG	
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) Postpartum hemorrhage. INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) utero-inversion marginal placenta praevia DUE TO (c) partial abruptio placenta (?) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 1 1/4 hours 1 month 2 hours		
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)	
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? 6756	
22. I hereby certify that I attended the deceased from August, 1954 to March 9, 1955 that I last saw the deceased alive on March 9, 1955 , and that death occurred at 2:50 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Marie E. Hines M.D.			23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 3-9-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/12/55	24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY		24d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
DATE REC'D BY LOCAL REG. MAR 10 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT - CARROLL 4600 NATURAL BRIDGE AVENUE	

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

(Licensed Embellisher'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 *James B. Binkley*

Licensed Embalmer No. *3653*

P. O. Address *St. Louis Mo*

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.