

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10678

State File No. ....

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3182**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3620 NO. 11 th ST.</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EDWARD</b>		b. (Middle) <b>A</b>		c. (Last) <b>ERDBRUEGGER</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 27, 1956</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUGUST 22, 1873</b>		9. AGE (In years last birthday) <b>82</b> If UNDER 1 YEAR: Months <b>7</b> Days <b>5</b> Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED BUILDING CONTRACTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	
13a. FATHER'S NAME <b>HENRY ERDBRUEGGER</b>		13b. MOTHER'S MAIDEN NAME <b>AUGUSTA TRAMPE</b>		14. NAME OF HUSBAND OR WIFE <b>PAULINE ERDBRUEGGER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>EDWARD H. ERDBRUEGGER 3619 a HARTFORD</b>	
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) <u>Chronic Hypertension</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asteroid-Sclerosis</u> DUE TO (c) <u>Hypertension</u> 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 type="checkbox"/> NO <input checked="" 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)		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 <u>Jan 25, 1950</u> , to <u>Mar 27, 1956</u> , that I last saw the deceased alive on <u>Mar 24, 1956</u> , and that death occurred at <u>6:15 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Walter J. Mullis M.D.</u>		23b. ADDRESS <u>2823 N. 20th St.</u>		23c. DATE SIGNED <u>3-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove</b>		24b. DATE <b>March 31, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>NEW BETHLEHEM CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MO.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN FU. H. INC. 1936 St. LOUIS AVE</b>			
DATE REC'D BY LOCAL REG. <b>MAR 29 1956</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>BEIDERWIEDEN FU. H. INC. 1936 St. LOUIS AVE</b>	

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Delia J. Krupin

Licensed Embalmer No. 3

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.