

FILED SEP 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **29508**  
Registrar's No. **1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY OR TOWN <b>Crestwood</b>		c. CITY OR TOWN <b>Crestwood</b> <b>4790</b>	
c. LENGTH OF STAY (in this place) <b>75 yrs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>8701 Pardee Lane</b>		e. STREET ADDRESS (If rural, give location) <b>8701 Pardee Lane</b>	

3. NAME OF DECEASED a. (First) <b>Martha</b> b. (Middle) <b>Vonder Bruegg</b> c. (Last) <b>Bruegg</b>			4. DATE OF DEATH (Month) <b>Aug</b> (Day) <b>14</b> (Year) <b>1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Nov 22, 1872</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>At home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>Schniederheinze</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>- Divorced</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Edw Vonder Bruegge</b> ADDRESS <b>8500 Watson Rd</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial pathology to no</b>		MEDICAL CERTIFICATION <b>St. Louis</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 mo.</b> <b>1 mo.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive failure</b>		
	DUE TO (c) <b>Uremia</b>		
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? <b>4744</b> 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?

22. I hereby certify that I attended the deceased from **Sept 1955** to **Aug 14 1956** that I last saw the deceased alive on **Aug 13, 1956** and that death occurred at **8:10 P.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>JJ Michael</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>St. Louis St Louis</b>	23c. DATE SIGNED <b>8/15/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-17-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hills</b>
24d. LOCATION (City, town, or county) <b>St. Louis</b> (State)		<b>2000 No Pennsylvania</b>

DATE REC'D BY LOCAL REG. <b>8-15-56</b>	REGISTRAR'S SIGNATURE <b>Herbert A. Donahue</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hoffmeister Colonial Mortuary</b> ADDRESS <b>6464 Chippewa</b>
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(Licensed Embalmer's Signature on Reverse Side)

St. Louis, Mo.

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

No. 300  
19-48

Dr. Vern Michael  
812 Olive St.

Wed till 3 pm  
not in Thurs  
Fri 11 to 3 pm

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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

*Lewis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Brown

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.