

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32546

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2089

1. PLACE OF DEATH a. COUNTY St. Louis,		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 Clayton, Mo.		c. CITY OR TOWN Hillsdale,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 days		e. STREET ADDRESS (If rural, give location) 2209 Edmund	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis, County Hospital			

3. NAME OF DECEASED (Type or Print) ALICE	a. (First)	b. (Middle)	c. (Last) BRUCKER	4. DATE OF DEATH Sept. 3 1956
--	------------	-------------	--------------------------	--------------------------------------

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 4-15-1872	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
----------------------	-------------------------------	---	-----------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Switzerland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME Francis Mojon	13b. MOTHER'S MAIDEN NAME Elizabeth Maffolter	14. NAME OF HUSBAND OR WIFE Joseph Brucker
---	--	---

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 Irvin Brucker, 2209 Edmund, Hillsdale Mo.	ADDRESS MO.
---	-------------------------------------	--	--------------------

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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 week
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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) (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 **8-30-56**, 19**56**, to **9-3-**, 19**56**, that I last saw the deceased alive on **9-3**, 19**56**, and that death occurred at **6:35pm.**, from the causes and on the date stated above.

23a. SIGNATURE Robert W. Clark (Degree or title) MD	23b. ADDRESS 601 S. Brentwood, Clayton, Mo.	23c. DATE SIGNED 9-3-56
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 9-4-56	24c. NAME OF CEMETERY OR CREMATORY Upper Alton Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Illinois
--	-------------------------	--	--

DATE REC'D BY LOCAL REG. 9-4-56	REGISTRAR'S SIGNATURE Herbert R. Donahoe	25. FUNERAL DIRECTOR'S SIGNATURE Gent Funeral Home, Alton, Illinois,	ADDRESS
--	---	---	---------

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