

FILED MAY 10 1957

THE DIVISION OF REALTY OF MISSOURI
STANDARD CERTIFICATE OF DEATH14515
STATE FILE NUMBER
1003
318
Registration District No. Primary Registration District No. Registrar's No. 4145Health,
Welfare
Public
ServiceS. 300
1-56

securing the medical certification in the specific manner required by 193.140, make 1947.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 416 So. Kingshighway		d. STREET ADDRESS 2127 416 S. Kingshighway	
3. NAME OF DECEASED (Type or print) First EDNA Middle KATHERINE Last BRUEGGEMAN		4. DATE OF DEATH Month APRIL Day 30, Year 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 16, 1897
9. AGE (In years last birthday) 59		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist - Barnes Hosp. School Nursing		11. BIRTHPLACE (City and state or country) Perryville, Mo.	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown Koennecker		14. MOTHER'S MAIDEN NAME Amelia Hoose	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. -	
17. INFORMANT Joyce Brueggeman		Address 416 S. Kingshighway	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DISEASE WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Rupture of dissecting aneurysm into pericardium</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive vascular disease</i> DUE TO (c) <i>nephrosclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <i>immediate</i> <i>15 years</i>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>Sept 1944</i> to <i>4-30-57</i> and last saw her alive on <i>Dec 26, 1956</i> Death occurred at <i>9:50 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Keith Wilson</i> (Degree or title) M. D.		22b. ADDRESS <i>4957 Maryland ave</i>	
22c. DATE SIGNED <i>5-1-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE <i>5-3-57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
24. FUNERAL DIRECTOR <i>Kriegshausner</i> ADDRESS <i>4228 S. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 1 '57</i>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith Mo</i> <i>mjs</i>			

(Licensed Embalmer'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.....
Signature of Student Embalmer

Signed..... *Richard W. Stevenson*

Licensed Embalmer No..... 40

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.