

Dept. Health,
Inc., & Welfare
J. S. Public
Health Service

V. S. 300
Rev. 1-57

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42945

STATE FILE NUMBER
2903

FILED DEC 9 - 1957

Registration District No. 317 Primary Registration District No. 545 Registrar's No. 2903

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maplewood		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights 4485 ⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Maplewood Nurs. Home		Length of stay in lb 30 dys	d. STREET ADDRESS (If outside, give location) 1018 Yale Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle H Last BRUEGGEMAN		4. DATE OF DEATH Month Nov. Day 18th Year 1957	
5. SEX Male C	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 Feb. 25 1876
9. AGE (In years last birthday) 81		FUNDER 1 YEAR Months 8 Days 24	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Claim Adjuster		10b. KIND OF BUSINESS OR INDUSTRY Metropolitan Ins.	11. BIRTHPLACE (City and state or country) Plumb Hill, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Brueggeman	
13b. MOTHER'S MAIDEN NAME Louise Maugenhauker		14. NAME OF HUSBAND OR WIFE Emma Brueggeman (dec)	
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. 492-01-3893A	
17. INFORMANT Edgar Brueggeman		Address 9906 Live Oak Ct.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Artero-sclerotic Heart Disease. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Senility DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a);			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 April 15, 1957 to Nov. 1957 and last saw him alive on Nov. 13, 1957 Death occurred at 3:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) D. E. Williamson M.D.		22b. ADDRESS 6336 Clayton Road	22c. DATE SIGNED 11/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 21 1957	23c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Mo.
24. FUNERAL DIRECTOR A. H. Bocklage		ADDRESS 6536 Clayton Rd.	25. DATE RECD. BY LOCAL REG. 11-20-57
26. REGISTRAR'S SIGNATURE Herbert B. Donahue MD aw			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Stanley F. Nixon*
Licensed Embalmer No. *4193*
P. O. Address *St. L.*

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.