

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS		Length of stay in 1b LIFE	c. CITY OR TOWN ST LOUIS, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5055 QUEENS AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SADIE BRUER			4. DATE OF DEATH Month Day Year SEPT, 7, 1960		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH FEB. 3, 1893	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR 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		11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME CHARLES JOHN HEIL		13b. MOTHER'S MAIDEN NAME EMMA LESSER		14. NAME OF HUSBAND OR WIFE ALBERT H. BRUER	
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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. 497-01-1452	17. INFORMANT Address ALBERT H. BRUER 5055 QUEENS AVE
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (c) <i>Hypertensive crisis, cerebral vascular disease 442x</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Diabetes mellitus</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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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.)			
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20c. TIME OF INJURY Hour Month, Day, Year p.m.					
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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
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21. I attended the deceased from *Jan. 14 50* to *Sept. 7, 1960* and last saw her *live* on *9-6-60*  
Death occurred at *1224 N* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>John L. Stroot</i> (Degree or title) <i>M.D.</i>	22b. ADDRESS <i>4703 Custer St. St. Louis 15</i>	22c. DATE SIGNED <i>9-8-60</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE <i>9/10/60</i>	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI
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24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE	25. DATE RECD. BY LOCAL REG. SEP 9 1960	26. REGISTRAR'S SIGNATURE <i>Neal Smith, M.D.</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

