SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3688 STATE FILE NUMBER 61-015197

AMENDED

FILED APR 24 1961

1. PLACE OF DEATH a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.

Length of stay in 1b

c. CITY OR TOWN Jennings

Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST.LOUIS CITY HOSP. #1

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 2520 McLaren Avenue

Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: ANNA M. HALBRUEGGE

4. DATE OF DEATH Month Day Year: April 15, 1961

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 11/24/1875

9. AGE (last birthday): 85

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: At Home

11. BIRTHPLACE (City and state or country): St. Charles Missouri

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Herman Schredler

13b. MOTHER'S MAIDEN NAME: Anna Oldenhage

14. NAME OF HUSBAND OR WIFE: Fred J. Halbruegge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT Address: Roy J. Halbruegge 1244 Bliss Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) pulmonary embolis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) post-op. below the knee amputation

DUE TO (c) arteriosclerotic gangrene – Right leg

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): 450.1

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-7-61 to 4-15-61 and last saw her/him alive on 4-15-61

Death occurred at 8:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James Shaggs, M. D.

22b. ADDRESS: 1515 LAFAYETTE AVE

22c. DATE SIGNED: 4/16/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: April 19, 1961

23c. NAME OF CEMETERY OR CREMATORY: Immanuel Luthern Cemetery

23d. LOCATION (City, town, or county) (State): St. Charles Missouri

24. FUNERAL DIRECTOR ADDRESS: Shepard Funeral Home, 1167 Hamilton Ave

25. DATE REC'D BY LOCAL REG.: APR 18 1961

26. REGISTRAR'S SIGNATURE: Ford Smith M.D.

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

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

~~under~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Laurence O. Gerling

Licensed Embalmer No. 4979

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.