S. No. 2
M—2-43
5-17-39
I. X35697

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39586

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11092

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1633 California Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Earl Bruckner / Earl Bruckner
3. (b) If veteran, name war None
3. (c) Social Security No. 497-01-8992
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Etta Bruckner
6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased June (Month) 25 (Day) 1902 (Year)
8. AGE: Years 41 Months 5 Days 14 If less than one day hr. min.
9. Birthplace Ste. Genevieve Co. Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Foreman
11. Industry or business
12. FATHER Name Robert Lee Bruckner
13. Birthplace Ste. Genevieve Co., Missouri (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Anna Pinkston
15. Birthplace Ste. Genevieve Co., Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Etta Bruckner
(b) Address 1633 California Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Flat River, Mo.
18. (a) Signature of funeral director Albert H. Hoppe,
(b) Address 4700 Washington Blvd.
19. (a) DEC 14 1943 (Date received local registrar) J. F. Modecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1943 hour 5 minute P. M.
21. I hereby certify that I attended the deceased from Dec. 1, 19, to Dec 9, 19; that I last saw h alive on Dec 9, 19 43 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia (Influenzal Type)	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. Berg (M. D. or other)
Address 2253 Nebraska Date signed 12/11/43

(Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

NOV 3 1 1942

11092

11092

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.....,

....., Registered Apprentice No.....

working under my personal supervision.

Signe Albert E. Hopper

Licensed Embalmer No. 2971

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 this body is not embalmed, fact should be so stated above.

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 39584
Local Registrar's No. 1092

On this ..... day of ....., 194 6, before me appears .....
....., who, upon ..... oath, states that the original record of ~~birth~~ death
for ....., ~~born~~ died ....., 19....., in the State of
Missouri, and which was filed at ..... on ....., 19....., should be corrected as follows:

Item No. 3a should read WILLIAM EARL Buckner
Instead of ~~WILLIAM~~ EARL Bruckner

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant R L Buckner Father
Relationship.

Desloge Mo
Present Address.

Subscribed and sworn to before me this 29 day of April, 194 6

My Commission expires May 27 1948 .....Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1-30-46

Form V. S. 135
10M-8-42
I X33820

S-39586