

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6371
 Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213

(b) Township _____ Primary Registration District No. 3014 Registered No. 49

(c) City Jefferson City, Mo. (d) Street No. St. Mary's Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. 1 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lena De Broeck

(a) Residence, No. 1319 W. High Street St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hubert De Broeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1870

7. AGE YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
69	5	27	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

FATHER 13. NAME Fred Prammer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berlin Germany

MOTHER 15. MAIDEN NAME Mary Walters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.

17. INFORMANT Hubert De Broeck
 (ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Peter's DATE 2/26/40

19. FUNERAL DIRECTOR (NAME) John F. Heinrichs
 (ADDRESS) Jefferson City, Mo.

20. FILED 2/27/1940 Dr. Bestor
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/40

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1938 to Feb. 24, 1940

I last saw him alive on Feb. 24, 1940 Death is said to have occurred on the date stated above, at 8:30 a. m.

The principal cause of death and related causes of importance were as follows:

Myocardial Infarction (Myocarditis) Date of onset 9/30/38

Other contributory causes of importance:
Chronic Bronchitis
Chondroma of left lung (benign)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. (If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) Julian A. Cassman M. D.
 (Address) Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

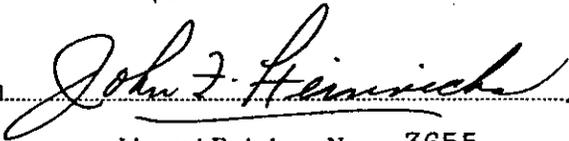
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X 16605

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.

Signed.....
..... Licensed Embalmer No..... 3655.....
P. O. Address..... Jefferson City, Mo.....

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, above space should be left blank.