DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6378

Dr. Stewart 11 1940

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 33

1. PLACE OF DEATH:

(a) County: Cole

(b) City or town: Jefferson (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 102 West Circle Drive (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: Cole

(c) City or town: Jefferson City (If outside city or town limits, write "RURAL")

(d) Street No.: 102 West Circle Drive (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Patricia Sue Ann Brondel

3. (b) If veteran, name war: ____ 3. (c) Social Security No.: ____

4. Sex: Female 5. Color or race: White 6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: ____ 6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased: Feb (Month) 2 (Day) 1940 (Year)

8. AGE: Years ____ Months ____ Days 6 If less than one day ____ hr. ____ min.

9. Birthplace: Jefferson City, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: ____

11. Industry or business: ____

FATHER 12. Name: Edward Brondel

13. Birthplace: Elston, Missouri (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name: Arlene Engelbrecht

15. Birthplace: Brazito, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Edward Brondel

(b) Address: Jefferson City, Missouri

17. (a) Bruail (Burial, cremation, or removal) (b) Date thereof: Feb--10-19 (Month) (Day) (Year)

(c) Place: burial or cremation: St. Peters Cemetery

18. (a) Signature of funeral director: Robert H. Gordon

(b) Address: Jefferson City, Missouri

19. (a) 2/11/40 (Date received local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Eighth day February year 1940 hour 1:20 minute P. M.

21. I hereby certify that I attended the deceased from February 2nd., 1940 to Febr. 8th., 1940 that I last saw her alive on February 8th., 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal Hemorrhage	
Due to: Cause undetermined	
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): X

(b) Date of occurrence: X

(c) Where did injury occur? X (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: James [illegible] (M. D. or other) M.D.

Address: Jefferson City, Mo. Date signed: 2/9/1940

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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. 1786

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.