DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Rd 102

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8125

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 318

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Lemay Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mevhlville, Lemay Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Mevhleville, Lemay, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

3. (a) PRINT FULL NAME Herman Br oschkowsky 622

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Helen

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept, 6, 1857 (Month) (Day) (Year)

8. AGE: Years 82 Months 5 Days 8 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 6 (State or foreign country)

10. Usual occupation 6

11. Industry or business 6

FATHER
12. Name John Broschkowsky
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dorthy Horman
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Agnes Ballanger

(b) Address MEHLVILLE, Lemay Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/17/40 (Month) (Day) (Year)

(c) Place: burial or cremation Old St. John Cemetery

18. (a) Signature of funeral director Fendler Und Co.

(b) Address 7420 Michigan Ave 701

19. (a) FEB 16 1940 (Date received local registrar) (b) T R Meyer M D Dr PH (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1940 hour 11:00 minute P M.

21. I hereby certify that I attended the deceased from Feb 7, 1940, to Feb 14, 1940 that I last saw him alive on Feb 14, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Lobar pneumonia	?
Due to	
Due to 108	
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 Waldo H Hill (M. D. or other)

Address Lemay R 8 Mo Date signed 2/16/40

(Licensed Embalmer's Statement on Reverse Side)

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.

FEB 16 1940

X19511

Dr. Wells

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 Wilson Collins

Licensed Embalmer No. 3887

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.