

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 168

1. PLACE OF DEATH:

(a) County Cole
 (b) City or town Jefferson City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1200 St. Mary's/
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Life (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
 (c) City or town Jefferson City 2
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1200 St. Mary's 4
 (If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARGARET MARY BRONDEL

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Fred Brondel 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased Dec. 20 1867
 (Month) (Day) (Year)

| 8. AGE: | | | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|--------|------|----------------------|
| | <u>73</u> | <u>5</u> | <u>10</u> | | | hr. min. |

9. Birthplace Cole County Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

12. Name Thomas Caspari

13. Birthplace Unknown
 (City, town, or county) (State or foreign country)

14. Maiden name Catherine Kunz

15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Martin Brondel

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 6/2/41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection, Jefferson City, Mo.

18. (a) Signature of funeral director John F. Henrich
 (b) Address Jefferson City, Mo.

19. (a) 5/30/41 (b) D. B. E. of M. 10
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
 year 1941 hour 13:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from March Thirtieth 1941, to May 30th 1941;
 that I last saw her alive on May 30th 1941,
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Pericarditis
 Due to Pericarditis

Due to _____
 Other conditions _____
 (Include pregnancy within 5 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 June 2, 1941

(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?

While at work? (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD
 Address Jefferson City, Missouri Date signed 5/31/41

RECORDING BACK IN - MAKE A PERMANENT RECORD

72A

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..... *Robert L. White*

Licensed Embalmer No. *4168*

P. O. Address..... *712 E. High*
Jefferson City

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

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