

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 2173 Primary Registration District No. 3014 State File No. \_\_\_\_\_ Registrar's No. 76

1. PLACE OF DEATH: Cole  
(a) County \_\_\_\_\_  
(b) City or town Jefferson City  
(c) Name of hospital or institution: St. Mary's Hosp. D  
(d) Length of stay: In hospital or institution 1 Day  
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED: 037  
(a) State Mo (b) County Gasconade  
(c) City or town Morrison Mo, Rural  
(d) Street No. Rural  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME HILDA DOROTHA BROEKER

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

20. DATE OF DEATH: Month March day 18th year 1942 hour 9:00 minute 10 A. M.

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Arthur Broeker 6. (c) Age of husband or wife if alive 46  
7. Birth date of deceased Jan 23 1903

21. I hereby certify that I attended the deceased from March 15, 1942 to March 18, 1942; that I last saw her alive on March 18, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus  
(Mellitus)

8. AGE: Years 39 Months 1 Days 26 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to 61

9. Birthplace Bay Mo

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

10. Usual occupation Wf.

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy \_\_\_\_\_

12. Name August Schnitzer

13. Birthplace Pershing Mo

14. Maiden name Rosa Rieggel

15. Birthplace Bay Mo

16. (a) Informant Arthur Broeker #1

(b) Address Morrison Mo RFD #1

17. (a) Removal (b) Date thereof 3 18 '42

(c) Place: burial or cremation Pershing Mo

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? \_\_\_\_\_

(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 Helen A. Ayler (M. D. or other) MD  
Address Jefferson City Date signed 3-18-42

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

026  
5  
4

APR 17 1941

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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.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

*Hegast Bleumer*

Licensed Embalmer No. ....

*3160*

P. O. Address.....

*Meriden Conn*

**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.**