

S. No. 2
M-5-42
7-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37978, ✓

State File No.

Registrar's No. 2209

Registration District No. 784

Primary Registration District No. 200

96
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
1579 Lewis Ave., /
(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 Mo. (b) County St. Louis

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

(d) Street No. 1579 Lewis Ave.,
(If rural, give location)

(e) Citizen of foreign country?

If yes, name country,

3. (a) PRINT FULL NAME: Carrie Broker.

3. (b) If veteran, name war. No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3
year 1942 hour 1.57 minute P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Adolph Broker

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased July 17, 1868.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 12 to Nov. 13 1942
that I last saw her alive on Nov. 3 1942 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 3 17 hr. min.

Immediate cause of death:
Chr. Myocarditis.
Atherosclerosis.

Due to Ph. Femoral Hernia

Duration

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations. 93d

Of autopsy

11. Industry or business

12. Name ? Heinz

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

14. Maiden name ? MOersch

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

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?

(Specify type of place)

While at work?

(e) Means of injury

16. (a) Informant A Adolph Broker

(b) Address 1579 Lweis Ave.,

17. (a) Burial (b) Date thereof Nov. 6/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiament Ave.,

19. (a) NOV 6 - 1942 (b) S. M. ...
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) M. D.

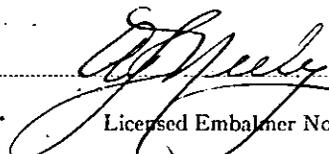
Address 5879 Lweis Ave. Date signed 11-4-42

Dr. L.F. Hayden,
5899 Delmar Blvd.,
2-4 or 7-8 P.M.
CA. 7201.

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. 3225

P. O. Address. 1125 Hodiamont A. ve.,

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.