

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **11450**

FILED JAN 3 1944

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Missouri**
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **St. Louis City Hospital,
Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **16 Days**
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **000
12**
(c) City or town **St. Louis** **7 24**
(If outside city or town limits, write "RURAL")
(d) Street No. **1920² Arsenal St.**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Louise Marie Brohammer**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **70**

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **John Brohammer** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **April 18 1888**
(Month) (Day) (Year)

8. AGE: Years **55** Months **8** Days **1** If less than one day hr. min.

9. Birthplace **St. Louis** (City, town, or county) **Mo** (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Phillip Heimberger**

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

14. Maiden name **Len a Duerberger**

15. Birthplace **St. Louis** (City, town, or county) **Mo.** (State or foreign country)

16. (a) Informant **John Brohammer**
(b) Address **1920² Arsenal St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **12-22-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Lakewood Park Cem.**

18. (a) Signature of funeral director **Witt Brohammer**
(b) Address **2929 S. Jefferson Av.**

19. (a) **DEC 21 1943** (Date received local registrar) (b) **J. J. Bedack** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **19,**
year **1943** hour **6:35** minute _____ P. M.

21. I hereby certify that I attended the deceased from **December**
4, 19**43,** to **December 19,** 19**43**

that I last saw him **or** alive on **December 19,** 19**43**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Decompensation**

Due to **Cardio. Renal**

Due to _____

Other conditions **Diabetic Mellitus**
(Include pregnancy within 3 months of death)

Major findings: Of operations **Emphysema of
Full bladder - Stones**

Of autopsy _____

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?

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

23. Signature **Red Mad...**
Address **1515 Lafayette Avenue,** Date signed **12/20/43**

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Gus Dieterle

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Edgar F. With*

Licensed Embalmer No. *2117*

P. O. Address *2929 S Jefferson*

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.