

FILED OCT 13 1944

State File No. 0

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2053

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Rural, Meramec Twpsh.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Wild Horse Rd.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution none (Specify whether
In this community 81 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis, 96
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Wild Horse Rd. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 7
year 1944 hour 2 minute 0 P. M.

21. I hereby certify that I attended the deceased from
Sept 16, 1944 to Oct 7, 1944
that I last saw her alive on Oct 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Arterio sclerosis
Due to 83 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration
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?

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

23. Signature Joseph L. Moore (M. D. or other)
Address 3750 Wash St. St. Louis Date signed 10/7/44

3. (a) PRINT FULL NAME Anna Broemmelsick,

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, divorced or 2 widowed
6. (b) Name of husband or wife J. Fred Broemmelsick, alive, years
6. (c) Age of husband or wife if 4, years
7. Birth date of deceased May (Month) 4, (Day) 1863 (Year)

8. AGE: Years 81 Months 5 Days 3 If less than one day
hr. min.

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

10. Usual occupation Retired housewife,

11. Industry or business Own home,

12. Name Samuel Albrecht 4

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

14. Maiden name Elizabeth Danges,

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

16. (a) Informant John Broemmelsick,

(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 10, 44 (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Cem. Orrville, Mo.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) OCT 10 1944 (Date received local registrar) C. G. McEavrou M.D. (Registrar's signature) Missouri

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

6000

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..... *Theo. Schrader*

..... Licensed Embalmer No. *3066*

..... P. O. Address *Baltimore, Md.*

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.