

FILED NOV 28 1945
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **10038**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis, Mo.
(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,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 10 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 99
Street No. 1515 a East Grand Ave
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA BROERMAN

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

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

6. (b) Name of husband or wife Herman Broerman 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 5, 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 14 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Scanlon

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

14. Maiden name Mary Lamb

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

16. (a) Informant Ruth Broerman

(b) Address 1515 a East Grand Ave

17. (a) Removal R.R. (b) Date thereof 11/23/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cincinnati Ohio

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) NOV 20 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 19th
year 1945 hour 8:45 minute P. M.

21. I hereby certify that I attended the deceased from 11/9/45
_____ 19____, to 11/20/45 19____;
that I last saw her alive on 11/20/45 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Intermittent Heart Disease
Due to _____

Due to _____
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)
(b) Means of injury _____
23. Signature James J. [Signature] Date signed 11/20/45
Address 1515 Lafayette

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

MOTHER FATHER

NOV 19 1977

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 Ben E. Hoffman
Licensed Embalmer No. AP 366
P. O. Address St Louis, Mo

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.