. S. No. 2
OM—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 33961

FILED NOV 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9624

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 weeks (Specify whether
In this community 57 Years
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")

(d) Street No. 1926 Nebraska Avenue 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country -

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3. (a) PRINT FULL NAME Miss Caroline W. Broeker

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased December 13, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 20 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business -

FATHER
12. Name Charles H. Broeker
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Clara Hensiek
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. David Penney
(b) Address 1926 Nebraska Avenue

17. (a) Burial (b) Date thereof 11/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director BEIDERWIEDEN F.H.INC.
(b) Address 1936 St. Louis Avenue

19. (a) NOV 5 1948 (b) J. B. Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3rd, year 1948 hour 1: minute 00 P. M.

21. I hereby certify that I attended the deceased from 8-8, 1948 to 11-3, 1948 that I last saw her alive on 11-3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: adeno-carcinoma thru out abdomen.

Due to: probably ovarian origin.

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations as above.

Of autopsy none.

Duration: ?

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James A. Forsen M.D. or other

Address 3903 Olive Date signed 11-4-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. A. Forsen
Missouri Baptist Hospital
9:00 - 10:00 A.M.

## 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 Neal le Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 St Louis Ave

**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.**