

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2379

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 29

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

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur	
c. LENGTH OF STAY (in this place) 3 1/2 yrs. 9 mos.		d. STREET ADDRESS (If rural, give location) Route 26	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Missouri State Hospital No. 2			

3. NAME OF DECEASED (Type or Print) a. (First) FRIEDA b. (Middle) ROSA c. (Last) BROEKER			4. DATE OF DEATH (Month) (Day) (Year) January 23, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 29, 1892		9. AGE (in years last birthday) 56		10. IF UNDER 1 YEAR Months 2 Days 24 IF UNDER 4 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Manchester, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.					

13a. FATHER'S NAME Fred Wiehage		13b. MOTHER'S MAIDEN NAME Louisa Brandes		14. NAME OF HUSBAND OR WIFE August Broeker	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Records State Hospital No. 4, Farmington, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia			DUE TO (b) 49 yrs			7 das.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			DUE TO (c) 					
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dementia Praecox Psychosis -At least			32 yrs.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Jan. 21, 1949 to Jan. 23, 1949, that I last saw the deceased alive on January 23, 1949, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS State Hospital No. 4, Farmington, Mo.		23c. DATE SIGNED 1/25/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 26, 1949		24c. NAME OF CEMETERY OR CREMATORY Trinity Evn. Lutheran Cem.	
				24d. LOCATION (City, town, or county) (State) Altheim, Missouri	

DATE RECD BY LOCAL REG. 1-25-1949		REGISTRAR'S SIGNATURE Esther Rudloff		25. FUNERAL DIRECTOR'S SIGNATURE Schroeder Funeral Home, Balwin, Mo.		ADDRESS	
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RECEIVED

Health Officer No. 4
File Number 249-196
Date Filed 2-2-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Paul H. Dugal

Licensed Embalmer No. 4170

P. O. Address Farmington, N.H.

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.