WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35040

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. Luthern Hospital. St. ..... Ward)

File No. .....

Registered No. 19016

2. FULL NAME Lena Broadbent.

(a) Residence. No. 4851 Tiemann Ave. St., 24 Ward. St Louis Co
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank Broadbent

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1st. 1888.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	9	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 121A 114B

(b) General nature of industry, business, or establishment in which employed (or employer) 109B

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St. Louis, Mo.

PARENTS

10. NAME OF FATHER Wm. Starmann.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Frank Broadbent
(Address) 4851 Tiemann Ave.

15. FILED ..... 19.... Max C Starkloff REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9th. 1928

17. I HEREBY CERTIFY, That I attended deceased from Sep 14, 1928, to Oct 9, 1928 that I last saw her alive on Oct 9, 1928, and that death occurred, on the date stated above, at 9.30 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Pneumonia from abscess of Lungs due to ruptured appendix non Tubercular

(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) operation for drainage of appendix abscess

(duration) ..... yrs. ..... mos. 21 ds.

from ruptured appendix

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? non Tubercular

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sep 14-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) R. Y. Henry M.D.

Oct 11, 1928 (Address) 2838 S Grand Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Valhalla Crematory.	Oct. 12- 1928

20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 S. Bdway.