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

Do not use this space.
~~15394~~
~~15353~~
File No. 15353
Registered No. 5

1. PLACE OF DEATH
County St Charles
Township Callaway
City New Melle (No. ..., ... St. ... Ward)
Registration District No. 759
Primary Registration District No. 6000

2. FULL NAME Clara Elizabeth Broeker.
(a) Residence. No. ... St., ... Ward. ...
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 77 yrs. mos. ds. How long in U. S., if of foreign birth? 79 yrs. mos. ds.

MAY 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Broeker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 - 1837

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
94	2		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Henry Hensick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Placke
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Germany

14. INFORMANT Hilda Broeker
(Address) Wentzville, Mo.

15. FILED 4-13-, 1931 O. A. Mulum
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4 - 11 - 1931

17. I HEREBY CERTIFY, That I attended deceased from April 6 -, 1931, to April 9 -, 1931 that I last saw her alive on April 9 -, 1931, and that death occurred, on the date stated above, at 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Regurgitation
92A
162
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) O. A. Mulum, M. D.
4-13, 1931 (Address) New Melle Mo

92A

*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 New Melle Mo
DATE OF BURIAL April 14 1931

20. UNDERTAKER T. E. Pitman
ADDRESS Wentzville, Mo.