

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

Do not use this space.

2888

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *7801*
Primary Registration District No. *510003*
(No. *6243 Alamo*)

File No.....
Registered No. *594*
St. Ward)

2. FULL NAME

Clemens Broening
(a) Residence, No. *6243 Alamo* St. *5* Ward.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Alvine*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 11, 1869*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Printer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self 55*

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 10*

13. NAME *John Broening*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Caroline Schuetli*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Mrs Alvine Broening 6243 Alamo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Peters* DATE *Jan 21 1932*

19. UNDERTAKER (ADDRESS) *Brody & Co. 2701 N. Grand*

20. FILED *1932* REGISTRAR *W. C. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 18 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 12 1932* to *Jan 18 1932*
I last saw him alive on *Jan 18 1932* Death is said to have occurred on the date stated above, at *12:45 PM*
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset *year*
Chronic nephritis ?
Other contributory causes of importance:
Chronic nephritis

Name of operation *1* Date of *1*
What test confirmed diagnosis? *Feb* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) *Arthur Sundback* M. D.
(Address) *2202 University St.*

Registrar.

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.

