

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

Do not use this space.

15656

**1. PLACE OF DEATH**

County Cole  
Township  
City Jefferson City (No. .... St. .... Ward)

Registration District No. 213  
Primary Registration District No. 3017

File No. 117  
Registered No. .... St. .... Ward

**2. FULL NAME** Mrs. Mary L. Brondel

(a) Residence, No. 1305 St. Marys Blvd. St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Joseph Brondel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1858

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
<u>73</u>	<u>10</u>	<u>5</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cole County, Missouri (STATE OR COUNTRY)

13. NAME Anton Maus

14. BIRTHPLACE (CITY OR TOWN) Holland 13 (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown 31 (STATE OR COUNTRY)

17. INFORMANT Ben Bruegging J.C.Mp. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE May 19, 1932

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) J.C.Mo.

20. FILED 4/18/32 J.C.Mo. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1932

22. I HEREBY CERTIFY, That I attended deceased from May 17, 1932, to May 17, 1932. I last saw her alive on May 17, 1932. Death is said to have occurred on the date stated above, at.....m. The principal cause of death and related causes of importance were as follows:

Coronary artery disease Date of onset

Other contributory causes of importance: Arteriosclerosis

Name of operation ..... Date of ..... What test confirmed diagnosis? ..... 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? No If so, specify

(Signed) J.C.Mo. M. D. (Address) J.C.Mo.

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.

JUN 21 1932

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