

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.

AUG 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.** (No. *City*)

Registration District No. **791**
Primary Registration District No. **1003**
Sanitarium

28399
File No.....
Registered No. **7162**
St. Ward

2. FULL NAME **Minnie Broeker**

(a) Residence, No. **4611 Ashland** St., **10** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **76** yrs **11** mos. **25** 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) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wm. J. Broeker**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 18, 1859**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 **11** **25**

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housework AT Home**
10. Date deceased last worked at this occupation (month and year) **About 1930** 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

FATHER 13. NAME **Henry Bloebaum**

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

MOTHER 15. MAIDEN NAME **Augusta Meier**

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

17. INFORMANT **Jordan Kelling M. D.** (ADDRESS) **5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New Pickers** DATE **July 16, 1936**

19. UNDERTAKER, (ADDRESS) **Math Hermann & Son 2161 East Fair**

20. FILED **14 1936** 19 **J. Predeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Jan. 1, 1936**, 19, to **July 13, 1936**

I last saw her alive on **July 13, 1936** Death is said to have occurred on the date stated above, at **6.00 P.M.**
The principal cause of death and related causes of importance were as follows:

Pulmonary Edema 7/11/36 Date of onset
Chronic passive Congestion **XX**

Other contributory causes of importance:
Arteriosclerosis 1/1/36x
Senility 1/1/36x
Cystitis **XX**
Name of operation **Non Cataract** Date of operation
What test confirmed diagnosis? Was there an autopsy? **Yes**

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) **Jordan Kelling**, M. D.
(Address) **City Sanitarium St. Louis, Mo**

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