

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **16640**  
Registrar's No. **4118**

JUN 15 1940

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1105 Montgomery St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Emilia Brokate

8. (b) If veteran, name war..... 8. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive 67 years  
7. Birth date of deceased July 10 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 9 27 hr. min.

9. Birthplace St Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Henry Broeg  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Carolina Schuermann  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Kustar a Brokate  
(b) Address 1105 Montgomery

17. (a) Burial (b) Date thereof May 9 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Peters Cemetery  
Beiderwieden Funl Home Inc

18. (a) Signature of funeral director.....  
(b) Address 1936 St Louis Ave

19. (a) MAY 8 1940 (Date received local registrar)  
J. Baedek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1105 Montgomery St  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7  
year 1940 hour 8:30 minute A M.

21. I hereby certify that I attended the deceased from July 10  
1939 to May 7, 1940  
that I last saw her alive on May 7, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris  
Due to Acute Gastritis  
Chronic Nephritis  
Duration 1 Day  
1 yr

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations.....  
Of autopsy No  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify).....  
(b) Date of occurrence.....  
(c) Where did injury occur?..... (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work? (Specify type of place).....  
(e) Means of injury.....  
23. Signature Wm L. Winters (M. D. or other)  
Address 2728 N. 11 Date signed 5-9-40

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.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3737*

P. O. Address *1936 St. Louis*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**