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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

NOV 14 1940

791 1003

State File No. 34111

Registration District No. ____ Primary Registration District No. ____ Registrar's No. 8808

1. PLACE OF DEATH:

(a) County ____

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 57 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

(c) City or town St. Louis 10
(If outside city or town limits, write "RURAL")

0 (d) Street No. 4213a St. Louis Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Clara Broomfield

3. (b) If veteran, name war ____ 3. (c) Social Security No. ____

4. Sex Female | 5. Color or race W. | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife George W. Broomfield 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Dec. (Month) 17th. (Day) 1882 (Year)

8. AGE: Years 57 | Months 10 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace St. Louis. (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Housework 6

11. Industry or business ____ 6

FATHER
12. Name Dietrich Kobusch
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant George W. Broomfield
(b) Address 4213a St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Provost Und Co.
(b) Address 3710 N. Grand Blvd.

19. (a) OCT 25 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23, year 1940 hour 8:40 minute P. M.

21. I hereby certify that I attended the deceased from October 12, 1940 to October 23, 1940 that I last saw her alive on October 23, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bilateral Lobar Pneumonia	6 days
Due to Old Left Hemiplegia	12 days
Right Cerebral Hemorrhage	12 days
Due to Essential Hypertensions	10 yrs.
Generalized Arteriosclerosis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations ____
Of autopsy Yes as above.

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____

23. Signature [signature] (M. D. or other)
Address 1615 Lafayette Avenue, Date signed 10/24/40

(Licensed Embalmer's Statement on Reverse Side)

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

Signed Robert L Buckman

Licensed Embalmer No. 2553

P. O. Address 3710 N Grand

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

If this body is not embalmed, fact should be so stated above.