

STANDARD CERTIFICATE OF DEATH

State File No. **35572**  
Registrar's No. \_\_\_\_\_

Registration District No. **411**

Primary Registration District No. **2007**

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1125 West 6th Street **2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether years, months or days) 33 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Joplin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1125 West 6th Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? All Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13  
year 1940 hour 4:10 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from October 9, 1940 to October 13, 1940  
that I last saw her alive on October 12, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary  
Arteriosclerosis and atherosclerosis - **14 days**  
cardiac failure  
Due to hypertension heart disease **10 yrs +**

Other conditions Previous cerebral hemorrhage  
(Include pregnancy within 3 months of death)

Major findings: Of operations None  
Of autopsy None

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 O. T. Blante (M. D. or other) Y. D.  
Address Joplin, Missouri Date signed Oct. 16, 1940

3. (a) PRINT FULL NAME Cecelia Amelia Braeckel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Peter Braeckel 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 29, 1871  
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Louis Eberling **0**

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Catherine Deters

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

16. (a) Informant Miss Ophelia Braeckel  
(b) Address 1125 W 6 St Joplin, Mo

17. (a) Burial (b) Date thereof 10-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope

18. (a) Signature of funeral director Thornhill-Dillon Mort  
(b) Address Joplin, Missouri

19. (a) 10-18-40 (b) Ed. D. James  
(Date received local registrar) (Registrar's signature)

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

19  
23

**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 *David Dillon*

Licensed Embalmer No. *3898*

P. O. Address *Joplin, Mo.*

**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.**