

ED JUN 4 1943
Registration District No. 318

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
5120 Delmar
(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)

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. 5120 Delmar
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Elvina Broening

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24
year 1943 hour 5:45 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 11-11-42
_____, 19____, to 5-24 _____, 1943
that I last saw her alive on 5-24 _____, 1943
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Clemens Broening

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1 16 1871
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage
Rectum

Duration 1-yr

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 72 Months 4 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Ret

11. Industry or business _____

12. Name Christian Halle

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

14. Maiden name Sophie Niehaus

15. Birthplace Creve Coeur Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations Cerebral Hemorrhage of Rectum with metastases

Of autopsy none

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Elsa Niederhuck

(b) Address 5120 Delmar Avenue

17. (a) Burial (b) Date thereof 5-27-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Boulevard

19. (a) MAY 25 1943 J. F. Broderick
(Date received local registrar) (Registrar's signature)

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 J. F. Broderick (M. D. or other) _____
Address 634 N. Grand St. Date signed 5/24/43

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

MOTHER FATHER

Ms. G. Reathes Betty
Jan 5.171

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.....

Frank Prokopoff

Registered Apprentice No. *339*

working under my personal supervision:

Signed *William J. Lyons*

Licensed Embalmer No. *4319*

P. O. Address *St. Louis 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, fact should be so stated above.