S. No. 2
DM—2-46
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 8 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 22822

Registration District No. 818 Primary Registration District No. 1002 Registrar's No. 6739

**1. PLACE OF DEATH:**

(a) County

(b) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5315 WATERMAN AVE: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State MISSOURI: (b) County 17

(c) City or town SAINT LOUIS: 91
(If outside city or town limits, write "RURAL")

(d) Street No. 5315 WATERMAN AVE:
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME MAURINE G. TEN BROEK

3. (b) If veteran, name war **********

3. (c) Social Security No. ********

4. Sex FEMALE / 5. Color or race WHITE SINGLE 6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased NOVEMBER (Month) 16 (Day) 1891 (Year)

8. AGE: Years 51 Months 8 Days 9 If less than one day hr. min.

9. Birthplace SAINT LOUIS (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name BAARENT TEN BROEK
13. Birthplace SAINT LOUIS (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name ANNA BARRON
15. Birthplace SAINT LOUIS (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant BAARENT TEN BROEK
(b) Address 5315 WATERMAN AVE:

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEMETERY

18. (a) Signature of funeral director C.R.LUPTON & SONS
(b) Address 7233 DELMAR BLVD.

19. (a) JUL 28 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 25th year 1943 hour 5:00 minute P. M.

21. I hereby certify that I attended the deceased from July 5, 1943, to July 26, 1943 that I last saw her alive on July 26, 1943 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Hemorrhagic Precox | 15 PM |
| Due to — | |
| Due to — | |
| Other conditions (Include pregnancy within 3 months of death) — | |

Major findings:
Of operations —
Of autopsy —

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 J. R. Finnegan M.D. (M. D. or other)
Address 639 N Grand Date signed July 26 43

(Licensed Embalmer's Statement on Reverse Side)

539 No. Grand
FR = 6585
Hrs =

## 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 Paul Lemmer, Registered Apprentice No. 351, working under my personal supervision.

Signed Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City

**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.**