

FILED APR 26 1944

318

Primary Registration, District No.

1003

Registrar's No.

3537

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

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:
2612A N. SPRING AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community 24 YRS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 17
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2612A N. SPRING AVE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CECELIA BECKER BROMWICH

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife JAMES M. BROMWICH 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased MARCH 26, 1890
(Month) (Day) (Year)

8. AGE: Years 54 Months 0 Days 19 If less than one day hr. min.

9. Birthplace MADISON Co. ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business NONE

MOTHER FATHER { 12. Name JOHN KLINDT
13. Birthplace UNK. UNK. 9
(City, town, or county) (State or foreign country)
14. Maiden name ELIZABETH KLEIN
15. Birthplace UNK. UNK. 9
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES M. BROMWICH

(b) Address 2612A N. SPRING AVE

17. (a) BURIAL (b) Date thereof 4/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FRIEDENS CEM

18. (a) Signature of funeral director Wedmeyer

(b) Address 3934 N. 20 ST

19. (a) APR 17 1944 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1944 hour 9:00 A. minute 00

21. I hereby certify that I attended the deceased from 12-3, 1943 to Apr 15, 1944
that I last saw h. alive on Apr 14, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Uterus 18 M

Due to 10

Due to 10

Other conditions (Includes pregnancy within 3 months of death) 10

Major findings: Of operations 10

Of autopsy 10

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 Geo. C. Mellor MD 4/15

Address 2739 N. Grand Date signed 4/15/44

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 *Alfred J. Boedeker*.....
Licensed Embalmer No. *2663*.....
P. O. Address *5934 Alpha*.....

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.