S. No. 2
DM—5-43
v. 5-17-39
o 1 X36671

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

14075
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38959 11191

FILED JAN 5 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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
Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00-0
(c) City or town St. Louis, Mo. 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1916 N. 9th St. 26
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LENA BROECKELMAN N

3. (b) If veteran, name war Nil

3. (c) Social Security No. Unknown

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 11 (Day) 1876 (Year)

8. AGE: Years 69 Months 3 Days 8 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name John Broeckelmann

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

14. Maiden name Helen Pelchmann

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

16. (a) Informant Bernard Broeckelmann
(b) Address 514 Morgan, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 20 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19 year 1945 hour 9:15 minute A M.

21. I hereby certify that I attended the deceased from December 11, 1945, to December 19, 1945 that I last saw her alive on December 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia - pneumococcus — Duration 4 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

108

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)
(e) While at work? (f) Means of injury

23. Signature Donald W Bussemann (M. D. or other)
Address 1515 Lafayette Avenue Date signed 12/19/45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address.....

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.