

No. 300
10. 48

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6969

96000
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 348

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO		b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gardenville		c. LENGTH OF STAY (in this place) 4 Weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION Miller's Nursing Home 4			d. STREET ADDRESS (If rural, give location) 6928 a S. Broadway 1				
3. NAME OF DECEASED (Type or Print) a. (First) Lucinda (Lulu)		b. (Middle)		c. (Last) Bromelsick			
4. DATE OF DEATH (Month) (Day) (Year) 2 - 12-1949		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-2-1867		9. AGE (In years last birthday) 81			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Jefferson County 0			
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Sullens		13b. MOTHER'S MAIDEN NAME Melissa Stow			
14. NAME OF HUSBAND OR WIFE James Bromelsick		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Anna Mae Sartori		ADDRESS 6733 Alabama Ave.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 592X DUE TO (c) 1112 II. OTHER SIGNIFICANT CONDITIONS Chronic Myocarditis, Chronic Bronchitis, Sensibility. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 years. more than 4 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 18, 1944, to Feb 4, 1949, that I last saw the deceased alive on Feb 4, 1949, and that death occurred at 5 P m., from the causes and on the date stated above.					
23a. SIGNATURE Leroy E. Ellison 0		(Degree or title) M.D.		23b. ADDRESS 3610 So Broadway St Louis Mo			
23c. DATE SIGNED 2-14-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-15-49			
24c. NAME OF CEMETERY OR CREMATORY Park Hill		24d. LOCATION (City, town, or county) Sappington Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
DATE REC'D BY LOCAL REG. 2-14-49		REGISTRAR'S SIGNATURE		Jos. P. Fendler Jr. 7128 Michigan			

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.....

..... Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

Clarence Dechow

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.