

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14883

State File No. _____

318

1003

Registrar's No. 3722

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Clayton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2049	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6529th Clayton Ave. 4</u>				d. STREET ADDRESS (If rural, give location) <u>6529th Clayton Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u>			b. (Middle) <u>Maxfield</u>		c. (Last) <u>Broen</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 27 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 21, 1897</u>	9. AGE (In years last birthday) <u>53</u>	if UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	if UNDER 24 hrs. Hours <u>2</u> Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>William Maxfield</u>			13b. MOTHER'S MAIDEN NAME <u>Katherine Summers</u>		14. NAME OF HUSBAND OR WIFE <u>Bernard Broen</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>3052nd St. St. Louis 8</u> <u>Max William Thompson</u>			
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) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331 X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Apr. 18 46</u> , to <u>Apr. 22, 1950</u> , that I last saw the deceased alive on <u>Apr. 22, 1950</u> , and that death occurred at <u>3:08 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edward Welhing MD</u>				23b. ADDRESS <u>3903 Olive St. Louis 8</u>		23c. DATE SIGNED <u>4-24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 25 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Matthews</u>		24d. LOCATION (City, town, or county) (State) <u>Granite-Catebs, St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>APR 24 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Kasler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bull-Campbell Mortuary 4215 Lindell</u>			

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

44 V

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

Rex B Campbell

Licensed Embalmer No.

3881

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.