

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22484**

No. 300
10-48

FILED JUL 25 1951

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **185**

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

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY COLE <i>0260</i>	
b. CITY (If outside corporate limits, write RURAL and give township) JEFFERSON CITY, MO.		c. LENGTH OF STAY (In this place) 1 DAY	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. MARTINS, MO.		d. STREET ADDRESS (If rural, give location) ST. MARTINS, MO.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
AGUSTA CATHERINE BRONDEL			JULY 17, 1951		

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 27, 1900	9. AGE (In years last birthday) 50	10. UNDER 1 YEAR Months 11 Days 20	11. UNDER 1 MRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) SCOTT STATION, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME EDGAR SCHENEWERK	13b. MOTHER'S MAIDEN NAME CATHERINE MOAS	14. NAME OF HUSBAND OR WIFE FRANK L. BRONDEL
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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 <i>Frank L. Brondel</i>	ADDRESS ST. MARTINS,
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Heart Disease		
	DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Aug 23, 1945**, to **July 17, 1951**, that I last saw the deceased after on **7-17, 1951**, and that death occurred at **11:40 a.m.** from the causes and on the date stated above.

22a. SIGNATURE <i>A. O'Quinn, M.D.</i>	(Degree or title)	22b. ADDRESS Jefferson City, Mo.	22c. DATE SIGNED 7-20-51
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE JULY 20, 1951	23c. NAME OF CEMETERY OR CREMATORY ST. MARTINS MO,	23d. LOCATION (City, town, or county) (State) ST. MARTINS, MO.
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DATE REC'D BY LOCAL REG. July 21-1951	REGISTRAR'S SIGNATURE <i>R.P. Norris M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sylvester G. Gull</i>	ADDRESS J. C.
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RECEIVED 7-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-24-51

JUN 18 1958

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 _____

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

Student _____ Student Embalmer

Signed *Sydney Dulle* Licensed Embalmer No. *4321*

P. O. Address *Jefferson 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.