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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4258

FILED JAN 17 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 0102

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CREVE COEUR		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CREVE COEUR 440073	
c. LENGTH OF STAY (In this place) 2 1/2 YRS.		d. STREET ADDRESS (If rural, give location) DAUTEL LANE BOX 14	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION DAUTEL LANE			

3. NAME OF DECEASED (Type or Print) a. (First) EVELYN b. (Middle) MARY c. (Last) BROEKER			4. DATE OF DEATH (Month) (Day) (Year) JAN. 11-1953		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH MAR. 3-1918		9. AGE (In years last birthday) 34		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (State or foreign country) MELROSE, MO.	
13a. FATHER'S NAME WILLIAM JAEGER		13b. MOTHER'S MAIDEN NAME FLORENCE LUKEN		14. NAME OF HUSBAND OR WIFE EDWIN W. BROEKER	

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 . ADDRESS EDWIN W. BROEKER-CREVE COEUR, MO.	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self-Inflicted drowning suffered		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) on the premises of her uncle Henry Luken on Dautel Lane DUE TO (c) in Creve Coeur.					
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 E975X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pond		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mosley Road, Creve Coeur, Missouri	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1/11/53 8:30 A.M.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self-inflicted drowning	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Edmund J. Willmann (Degree or title) Coroner		23b. ADDRESS Clayton, Missouri		23c. DATE SIGNED 1/12/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1-14-1953		24c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY		24d. LOCATION (City, town, or county) (State) POND, MO.	
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DATE REC'D BY LOCAL REG. 1-12-53		REGISTRAR'S SIGNATURE Herbert R. Donke		25. FUNERAL DIRECTOR'S SIGNATURE . ADDRESS Blummann Bros. Inc. 2504 WOODSON RD-OVERLAND, MO.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 me

Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14 1/2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.