

FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13762**  
Registrar's No. **29**

BIRTH NO.		REG. DIST. NO. <b>159</b>		PRIMARY REG. DIST. NO. <b>4249</b>		Registrar's No. <b>29</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>JEFFERSON</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>HILLSBORO</b>		a. STATE <b>MO</b>		b. COUNTY <b>JEFFERSON</b>	
c. LENGTH OF STAY (in this place) <b>4 TRS</b>		c. CITY OR TOWN <b>HILLSBORO</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>CEDAR GROVE HOME</b>				e. STREET ADDRESS (If rural, give location) <b>HILLSBORO MO</b>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>LILLIE</b>		b. (Middle)		c. (Last) <b>BROMMELSIECK</b>		APR. 2, 1956	
6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>MAY 19, 1882</b>		9. AGE (In years last birthday) <b>73</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>MURPHY MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13a. FATHER'S NAME <b>HENRY HERMAN BROMMELSIECK</b>			13b. MOTHER'S MAIDEN NAME <b>DURCILLA LONGWORTH</b>			14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>HENRY B. HEUTEL ST. LOUIS COUNTY MO</b>			
18. NO. OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
DUE TO (b) <b>Arteriosclerosis</b>				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
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 <b>March 1, 1956</b> , to <b>April 2, 1956</b> , that I last saw the deceased alive on <b>April 1, 1956</b> , and that death occurred at <b>4:45 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>John W. Danke M.D.</b>				23b. ADDRESS <b>3606 Grand St. Louis</b>		23c. DATE SIGNED <b>4-5-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>APR. 5 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MCCORACK CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>MURPHY MO</b>	
DATE RECD BY LOCAL REG. <b>4-4-56</b>		REGISTRAR'S SIGNATURE <b>Kathleen M. Proden</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WELIGTAG FUNERAL HOME IMPERIAL MO</b>			

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

41-0

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

APR 18 1956

MAY 8 1956

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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.....  
Signature of Student Embalmer

Signed *Elmer Heiligtag*.....

Licensed Embalmer No. *357*.....

P. O. Address *Imperial*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.