

FILED SEP 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH.

State File No. **32612**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>544</b>		Registrar's No. <b>2123</b>	
1. PLACE OF DEATH a. COUNTY <b>St Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Jefferson</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Kirkwood</b>		c. LENGTH OF STAY (In this place) <b>3 wks.</b>		c. CITY OR TOWN <b>Hoene Springs</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>Local</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Edna</b> b. (Middle) _____ c. (Last) <b>Broeker</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 7, 1956</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb 1, 1899</b>	
9. AGE (In years last birthday) <b>57</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>housewife</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Otto Textor</b>		13b. MOTHER'S MAIDEN NAME <b>Kate Saul</b>		14. NAME OF HUSBAND OR WIFE <b>Louis M Broeker</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>Louis M Broeker Hoene Springs Mo.</b>			
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) <b>Basal cell tumor of the Pituitary gland - cerebral edema - Post operatively</b> ANTECEDENT CAUSES MORIBUND CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Malignant hypertension - cerebral hemorrhage.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>4m 7 Sept 1956</b> <b>8/16/56</b>	
19a. DATE OF OPERATION <b>Sept 4th - 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>Pituitary tumor -</b>				20. AUTOPSY? YES <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>8/16, 1956</b> , to <b>Sept 7, 1956</b> , that I last saw the deceased alive on <b>Sept 7, 1956</b> , and that death occurred at <b>4:15 P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J. L. Ziegenhein M.D.</b>				23b. ADDRESS <b>Pacific Mo</b>		23c. DATE SIGNED <b>9/18/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9/10/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>N St Marcus Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo.</b>	
DATE REC'D BY LOCAL REG. <b>9-10-56</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Donahue</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J L Ziegenhein &amp; Sons 7027 Gravois</b>			

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

Student.....  
Signature of Student Embalmer

Signed..... *C. F. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Shaw*

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.