

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30386

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 317 Primary Registration District No. 580 Registrar's No. 1894

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, give TOWNSHIP only) OR TOWN Florissant Inside Limits Yes# No <input type="checkbox"/>		c. CITY OR TOWN Florissant 4054 Inside Limits Yes# No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1025 Graham Rd. Length of stay in lbs years		d. STREET ADDRESS (If outside, give location) 1025 Graham Rd Reside on Farm Yes <input type="checkbox"/> No#	
3. NAME OF DECEASED (Type or print) JUDITH AGNES BROECKLING First Middle Last			4. DATE OF DEATH July 28, 1957 Month Day Year
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 12, 1954
9. AGE (In years last birthday) 13		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School girl		10b. KIND OF BUSINESS OR INDUSTRY School	11. BIRTHPLACE (City and state or country) Florissant, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Harry W. Broeckling	
14. MOTHER'S MAIDEN NAME Marcella Neff		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. None		17. INFORMANT Harry w. Broeckling, 1025 Graham Rd. Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) EXANGUINATION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ERODED TEMPORAL VEIN DUE TO (c) OSTEOGENIC SARCOMA OF SKULL			INTERVAL BETWEEN ONSET AND DEATH 72 hrs 15 mos
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 19.6X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7-28-57 to 7/28/57 and last saw ^{her} him alive on 7-28-57 Death occurred at 11:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Schwartz (Degree of title)		22b. ADDRESS 1735 S. Florissant Florissant, Mo	22c. DATE SIGNED 7/29/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 7-31-57	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery Florissant, Missouri	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR WHITE CHAPEL, FERGUSON, MO. ADDRESS		25. DATE RECD. BY LOCAL REG. 7-30-57	26. REGISTRAR'S SIGNATURE Herbert P. Danks M.D.

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

asc

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 Eleana Poovnee

Licensed Embalmer No. 340

P. O. Address Jennings,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.