

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

59-041423

FILED VS DEC 10 1959

STATE FILE NUMBER

Registration District No. 306 Primary Registration District No. 6048 Registrar's No. 29

UNRECORDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY ST Charles	a. STATE Mo		b. COUNTY ST Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cottleville Mo	Length of stay in 1b 2 Yrs	c. CITY OR TOWN Cottleville Mo	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Her Home	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First Catherine	Middle Broeker	Last	4. DATE OF DEATH	Month Dec	Day I	Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH I2/II/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR	IF UNDER 24 HR		
					Months	Days	Hours	Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and state or country) St Charles Co	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Peter Swayzman	13b. MOTHER'S MAIDEN NAME Mary Schulte	14. NAME OF HUSBAND OR WIFE Both Dead
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Marvin Broeker O'Fallon Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	4 min
DUE TO (b)	Arteriosclerotic Heart Disease	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days.
Hypertensive Cardiovascular Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____
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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
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21. I attended the deceased from 2-7-57 to 10-21-59 and last saw her alive on 10-21-59
Death occurred at approx 3AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Rene J DuMontier</i>	22b. ADDRESS O'Fallon, Mo	22c. DATE SIGNED 12-7-59
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	23b. DATE 12-7-1959	23c. NAME OF CEMETERY OR CREMATORY Assumption Cemetery	23d. LOCATION (City, town, or county) (State) O'Fallon Mo.
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24. FUNERAL DIRECTOR ADDRESS Keithly Funeral Home O'Fallon Mo	25. DATE RECD. BY LOCAL REG. Dec 7/59	26. REGISTRAR'S SIGNATURE <i>E. Keithly</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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

David C. Baum

Licensed Embalmer No.

5060

P. O. Address

St. Charles

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.