

VRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041432

FILED VS NOV 25 1959 305 4452 27
 Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER _____

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wentzville	Length of stay in 1b 1 yr. 3mo	c. CITY OR TOWN Wentzville	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 509 Meier Road		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 509 Meier Road	

3. NAME OF DECEASED (Type or print) First JOHANNA Middle BROMLEAVE Last MAY			4. DATE OF DEATH Month Nov. Day 20, Year 1959			
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 8/6/1878	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 3 Days 14 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home Duties		11. BIRTHPLACE (City and state or country) Fosterberg, Ill.		
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Don't Know		13b. MOTHER'S MAIDEN NAME Don't Know		
14. NAME OF HUSBAND OR WIFE Warren May		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. 1910 Krekel				17. INFORMANT Kathryne Heckel, St. Charles, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL DEGENERATION			INTERVAL BETWEEN ONSET AND DEATH 2 YRS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS			4 YRS	
DUE TO (c) BRONCHIAL ASTHMA				
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. <input type="checkbox"/> Yes <input checked="" 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.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____				
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 JULY 1956 Nov. 20, 1959 her last saw him alive on Nov. 11, 1959 Death occurred at 10:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) W. E. Bergesen DO		22b. ADDRESS WENTZVILLE, MISSOURI		22c. DATE SIGNED 11/21/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/23/1959		23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	
23d. LOCATION (City, town, or county) (State) Wentzville, Missouri			24. FUNERAL DIRECTOR T. J. Pitman 911 Appleman Ave. Wentzville, Missouri		
25. DATE RECD. BY LOCAL REG. Nov. 23 1959			26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

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 Leslie J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.