

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

6356

**1. PLACE OF DEATH**

County.....  
 Township.....  
 City St. Louis, Mo. (No. St. Johns Hospital)

Registration District No. 791  
 Primary Registration District No. 1003

File No.....  
 Registered No. 1116  
 St. .... Ward)

**2. FULL NAME** Eugene Broermann

(a) Residence. No. 4354 S. Compton Avenue, 15 Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4th, 1909

7. AGE	YEARS	MONTHS	DAYS	-If LESS than 1 day, .....hrs. or .....min.
	<u>20</u>	<u>9</u>	<u>28</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Clerk  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer Mercantile-Commerce Bank

9. BIRTHPLACE (CITY OR TOWN) St. Louis,  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Ferdinand Broermann

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....  
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Julia Menze

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cincinnati,  
 (STATE OR COUNTRY) Ohio

14. INFORMANT Julia Broermann  
 (Address) 4354 S. Compton Avenue

15. FILED 1931 Max C. Stanley REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 1st 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 20th, 1930, to Feb 1, 1930 that I last saw him alive on Feb 1, 1930, and that death occurred, on the date stated above, at 2:25 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

117A  
118C  
Gastric Hemorrhage  
 (duration) yrs. mos. 11 ds.  
 CONTRIBUTORY (SECONDARY) Gastric Ulcer  
 (duration) yrs. mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Charles C. Drace, M. D.

2/2, 1930 (Address) 3702 E. Gravois

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary

DATE OF BURIAL Feb. 5, 30.  
 19

20. UNDERTAKER

Wacker & Schuler

ADDRESS 2331  
S. Brdwy.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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