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

Do not use this space.

40699

1. PLACE OF DEATH
County: St Louis — Registration District No.: 1170 — File No.:
Township: — Primary Registration District No.: 6248H — Registered No.: 296
City: Richmond Hts (No. St Mary's Hospital St. Ward)

2. FULL NAME: Rev Louis E. Broeckelmann
(a) Residence. No. St Charles Mo St., 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): July 7, 1879

7. AGE: Years 51 — Months 5 — Days 7 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Pastor
(b) General nature of industry, business, or establishment in which employed (or employer): St Philips James Church
(c) Name of employer: River Aux Vases Mo

9. BIRTHPLACE (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Conrad Broeckelmann
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Margaret Roecker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St Louis
(STATE OR COUNTRY): Mo

14. INFORMANT: Jos A Kutz
(Address) 4638 Vratislav St.

15. FILED 12/14, 1930 — E. F. Jensen, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-11 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1930, to Dec 11, 1930 that I last saw him alive on Dec 11, 1930, and that death occurred, on the date stated above, at 11:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myelo-encephalitis
788 encephalitis
Probably many months
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Ste Genevieve
IF NOT AT PLACE OF DEATH? Ste Genevieve Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) F. H. Manno Lowery, M. D
Dec 12, 1930 (Address) Arcade Bldg

*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: St Charles Mo — DATE OF BURIAL: 12-15 1930

20. UNDERTAKER: Kriegshauser & Co — ADDRESS: 4104 Manchester

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.