

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

Do not use this space.

31097

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City **St. Louis** (No. **City Hospital**)  
**11091**

File No. ....  
Registered No. **9079**  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. **2126 Maury St.** Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Sept. 29-1932</b>		
7. AGE YEARS	MONTHS	DAYS
		If LESS than 1 day, <b>8</b> hrs. or <b>10</b> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>med</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>1570</b>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>		
FATHER	13. NAME <b>John Broyles</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>	
MOTHER	15. MAIDEN NAME <b>Minnie Atchison</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Mo.</b>	
17. INFORMANT (ADDRESS) <b>Hospital information</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>St. Louis University</b> DATE <b>9/30</b> , 19 <b>32</b>		
19. UNDERTAKER <b>Assigned as Specimen</b> (ADDRESS)		
20. FILED <b>SECT 13 1932</b> <b>Mar. B. Starkloff</b> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 30th, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 29th, 1932**, to **Sept 30th, 1932**  
I last saw him alive on **Sept 30th, 1932** Death is said to have occurred on the date stated above, at **5:45 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Anencephalic Monster** Date of onset

Other contributory causes of importance:  
**15/10**

Name of operation ..... Date of .....  
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**  
If so, specify .....  
(Signed) **Henry Brunst**, M. D.  
(Address) **City Hospital**

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.

Trayles