

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

Do not use this space.

1. PLACE OF DEATH: 1935

County: .....

Registration District No. **791**

Township: .....

Primary Registration District No. **1003**

City: *Louis*

(No. *5322* *Murdoch Ave*)

File No. **45050**

Registered No. **12206**

St. .... Ward)

2. FULL NAME: *Dr Eugene L. Broecker (Broecker)*

(a) Residence, No. *3136 Hawthorne Pl* St., *17* Ward.

(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**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec 24*, 19*34*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: *Harriet Broecker*

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at *9 a.* m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 19-1884*

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*53 4 5*

*Coronary Occlusion*  
Date of onset *12/24/34*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Physician*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation. ....

Other contributory causes of importance: *Cor Myocarditis*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles MO*

Name of operation: *None* Date of operation: .....  
What test confirmed diagnosis? *None* Was there an autopsy? .....

13. NAME *Henry Broecker*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

15. MAIDEN NAME *Mary Mueller*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Charles MO*

17. INFORMANT (ADDRESS) *Miss Harriet Broecker 3136 Hawthorne Pl*

18. BURIAL, CREMATION, OR REMOVAL PLACE *No Crematory* DATE *Dec. 25, 1934*

19. UNDERTAKER (ADDRESS) *W. W. L. Co 2107 N. Grand*

20. FILED *12 25 1934* 19..... *Jo J. Broecker* Registrar.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *No* 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? .....  
If so, specify: *Henry H. Thum* M. D.  
(Signed) *Henry H. Thum*  
(Address) *514 Metropolitan Bldg*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

