

FEB 20 1936

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

Do not use this space.

1204

1. PLACE OF DEATH

County Jackson
Township Law
City Charleston

Registration District No. 399
Primary Registration District No. 1007
No. 720 College

File No. _____
Registered No. 57
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 7200 College 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24 1894

7. AGE YEARS 61 MONTHS 6 DAYS 10 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cookier Mo. Pa. R.R.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

13. NAME Robert Broeker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Ida Broeker (ADDRESS) 7200 College Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Jan 7 - 36

19. UNDERTAKER Mrs. E. L. Foster (ADDRESS) 718 Broadway Avenue

20. FILED Jan 6 1936 M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4 1936

22. I HEREBY CERTIFY that I attended deceased from Jan 2 1936 to Jan 4 1936

I last saw him alive on Jan 3 1936. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Myocarditis (Date of onset 4 mo)
(Chronic)
Arterio-sclerosis (4 1/2)
Acute dilatation of heart with Pulmonary (6 hrs)

Name of operation None 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) J. H. G. G. G. M. D.

(Address) 730 Professional

N. B.—Every item of information should be carefully supplied. No statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

John Ogelsby
Superintendent
Birmingham Bldg.

02-2444

2:30 PM 1/30