

REC'D APR 11 1938

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

 9226
 Do not use this space.

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **3644 Koeln Avenue** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Charles L. Broidert 636
 (a) Residence, No. **3644 Koeln Avenue** St. **St. Louis, Missouri**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) **Oct. 2, 1868**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 5 22

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

 12. BIRTHPLACE (CITY OR TOWN) **Peoria**
 (STATE OR COUNTRY) **Illinois**

 FATHER 13. NAME **Unknown**
 14. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)

 MOTHER 15. MAIDEN NAME **Unknown**
 16. BIRTHPLACE (CITY OR TOWN) **Unknown**
 (STATE OR COUNTRY)

 17. INFORMANT **Mr. Broidert - Brother of Decd.**
 (ADDRESS) **3644 Koeln, St. Louis, Mo.**

 18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Park Lawn Cemetery** DATE **March 25, 1938**

 19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**
 (ADDRESS) **7814 S. B'way, St. Louis, Mo.**

 20. FILED **MAR 25 1938** **J. P. Bredner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 24, 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **June 1937** to **March 24, 1938**
 I last saw him alive on **March 23, 1938** Death is said to have occurred on the date stated above, at **5:00 a. m.**
 The principal cause of death and related causes of importance were as follows:

Coronary artery sclerosis Date of onset
Chronic myocarditis
Valvular heart disease
 Other contributory causes of importance:
Chronic nephritis

 Name of operation Date of
 What test confirmed diagnosis? **clinical** Was there an autopsy?

 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?

 If so, specify **George A. Sullivan** M. D.
 (Signed) **George A. Sullivan** M. D.
 (Address) **1421 W. Schermer**

Dr. O'Sullivan.

461 Schenck St

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

George W. Hoffmeister

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)