

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D AUG 12 1938

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

23935  
Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City St. Louis, Mo. (d) Street No. 1451a St. Louis Ave. St. Mo.  
(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.

Registration District No. 791  
Primary Registration District No. 1008 Registered No. 6629

2. PRINT FULL NAME Albert Broeker,

(a) Residence, No. 1451a St. Louis, Ave. St. Mo.  
(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Broeker,  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15th 1888  
7. AGE YEARS 53 MONTHS 5 DAYS 10  
If LESS than 1 day, hrs. or min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Paperhanger.  
9. Industry or business in which work was done, as 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) St. Louis, Mo.

FATHER  
13. NAME Bernard Broeker,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER  
15. MAIDEN NAME Elerare Stuessel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Mrs. Mary E. Broeker  
1451a St. Louis Ave.,

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Calvary Cem. DATE July 27th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leidner Und. Co.  
1417 N. Market Street.

20. FILE NO. JUL 26 1938 J. D. Bredet Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1938  
22. I HEREBY CERTIFY, that I attended deceased from 7-21-38 to 7-25-38, 1938  
I last saw him alive on 7-24-38 Death is said to have occurred on the date stated above, at 1:17 m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis  
none  
Other contributory causes of importance:  
none  
Date of onset Don't know

Name of operation.....  
What test confirmed diagnosis.....

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) Walter H. Spoeneman, M. D.  
(Address) 1506 St Louis

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*John B. Buchholz*

Licensed Embalmer No. *1474*

P. O. Address *2223 St Louis Ave*

**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.)**

**If this body is not embalmed, above space should be left blank.**