

No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. **40187**

JAN 15 1940 7917

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **9958**

1. PLACE OF DEATH:

(a) County St. Louis Co.
 (b) City or town St. Louis, La. De Peres.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Deaconess Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County De Peres
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. De Peres, road N.R.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Henry Broeker

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Broeker (c) Age of husband or wife if alive 52 1/2 years

7. Birth date of deceased Jan. 15 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>68</u>		<u>10</u>	<u>18</u>	hr. _____ min.

9. Birthplace St. Louis County
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name F. Ernst Broeker

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace no
(City, town, or county) (State or foreign country)

16. (a) Informant G. Has. Hofmann
 (b) Address 4440 Ardor.

17. (a) Burial (b) Date thereof Dec 5, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Pauls Cem. De Peres

18. (a) Signature of funeral director Schradler Bros. Funeral Home
 (b) Address Ballwin Mo.

19. (a) DEC 4 1940 (b) J. H. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 31
 year 1940 hour 4:15 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Complete Bowel Obstruction due to Carcinoma of Recto Sigmoid

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury 5

23. Signature Alfred J. ... (M. D. or other)
 Address Albany Corner Date signed 12/4/40

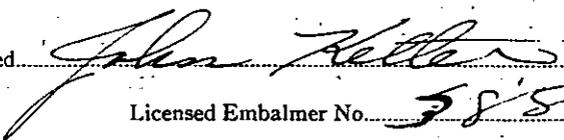
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... 

Licensed Embalmer No. 3850

P. O. Address.....

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, fact should be so stated above.