2436
. No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40665

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 10436

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits write "RURAL")

(d) Street No. 6206 Magnolia Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Broyles

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie Broyles

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased March (Month) 3 (Day) 1875 (Year)

8. AGE: Years 65 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Ex Police Officer

11. Industry or business Metropolitan Police Dep't.

FATHER
12. Name Sam Broyles
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Addie Lynch
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Nellie Broyles
(b) Address 6206 Magnolia Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 20, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.
(b) Address 1905 So. Grand Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17. year 1940 hour 7:45 minute P. M.

21. I hereby certify that I attended the deceased from December 9, 1940, to December 17, 1940; that I last saw him alive on December 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

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

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Ave. Date signed 12/18/40

(Licensed Embalmer's Statement on Reverse Side)

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 J Kelter

Licensed Embalmer No. 3880

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, above space should be left blank.