. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 301 ~~301~~

Registrar's No.

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

1. PLACE OF DEATH:

(a) County August h. Broeker

(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:
4042 Labadie Avenue
(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 000

(c) City or town St. Louis 170
(If outside city or town limits, write "RURAL")

(d) Street No. 4042 Labadie Avenue 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME August H. Broeker

3. (b) If veteran, name war No

3. (c) Social Security No. 498-01-5924

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Anna (Zurheide) Broeker

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased February (Month) 7 (Day) 1874 (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	3	hr. min.

9. Birthplace St Charles (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Grocery Clerk

11. Industry or business Grocery

FATHER
12. Name Charles Broeker
13. Birthplace (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Clara M. Hensiek
15. Birthplace (City, town, or county) 4 Germany (State or foreign country)

16. (a) Informant Mrs. Anna Broeker
(b) Address 4042 Labadie Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/13/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cem. 8411

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.
(b) Address 3402 No. Kingshighway

19. (a) JAN 13 1941 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10th year 1941 hour 5 minute — P. M.

21. I hereby certify that I attended the deceased from July 15, 1939, to Jan 10, 1941, that I last saw him alive on Jan 8, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Larynx	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature C. E. Eimer (M. D. or other)
Address 462 No Taylor Date signed 1/11/41

(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.....Guy W Wilkerson

Licensed Embalmer No.....3575

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.