

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 21 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35926

Registration District No. 756

Primary Registration District No. 5997

Registrar's No. 51

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Rural - Postage 0-1-N
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Highway #94 - Orchard Farm
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Orchard Farm
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME John Ernst Broeker

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1941 hour 4 minute 9 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dina 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased March 31 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Corner Case Viewing 19...
that I last saw h... alive on of Broeker 19...
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

61 7 0 hr. min.

Due to Acute dilatation of heart

Due to Gen Arterio sclerosis

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: No Of operations No

Of autopsy No

10. Usual occupation Farming

11. Industry or business _____

12. Name Heiman Broeker

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

14. Maiden name Caroline Reike

15. Birthplace Unknown - Germany
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Dina Broeker

(b) Address Orchard Farm, Mo

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? No

17. (a) Burial (b) Date thereof Nov. 3 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Point Prairie Cem. Orchard Farm, Mo.

23. Signature A P Erich Schupf
Address St. Charles, Mo. Date signed 11/2/41

18. (a) Signature of funeral director H.C. Dallmeier & Sons Co.

(b) Address 820 N. Second, St. Charles, Mo.

19. (a) Nov. 7 - 1941 (b) Bob Barnard
(Date received local registrar) (Registrar's signature)

Sub. 4 10
(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 E. Dallmeyer*

Licensed Embalmer No. *2957*

P. O. Address *St Charles Mo*

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.