

No. 2
4-13-40
5-17-39
X23159

State File No. _____

791
FEB 24 1942
Registration District No. _____

1003
Primary Registration District No. _____

Registrar's No. 263

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4447 Aldine
(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

3. (a) PRINT FULL NAME Samuel Broome

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Lucy Broome

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Oct. 7, 1863
(Month) (Day) (Year)

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

78 3 15 hr. min.

9. Birthplace Commerce, Scott County, Mo. D
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER

12. Name Anthony Broome

13. Birthplace ? Md. 1
(City, town, or county) (State or foreign country)

14. Maiden name Jennie Ancell

15. Birthplace ? Va. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lucy Broome

(b) Address 4447 Aldine

17. (a) Burial (b) Date thereof 1/25/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles, Mo.

18. (a) Signature of funeral director Russell Und., Co.

(b) Address 2732 Pine Street

19. (a) JAN 25 1942 (b) J. J. Budzek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 4447 Aldine 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 22 day Jan.
year 1942 hour 6 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 28 1941, to Jan 22 1942.
that I last saw him alive on Jan. 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza
Duration 4 Weeks

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? _____

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

23. Signature M. L. M. Dinnis (M. D. or other) MD.
Address 8264 N. Beaumont Date signed 1/23/42

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.....

Joel Russell
Licensed Embalmer No..... *4115*

/ 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.