

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24492

FILED AUG 3 1944

Registration District No. 08

Primary Registration District No. 3017

Registrar's No. 92-

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 or 8 weeks
(Specify whether years, months or days) years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 29
(c) City or town Boonville
(If outside city or town limits, write "RURAL") 1
(d) Street No. None
(If rural, give location) 2
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry P. Broeder

3. (b) If veteran, name war no 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 Emma M. Broeder 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased: July (Month) 13 (Day) 1859 (Year)

8. AGE: Years 85 Months 16 Days 16 If less than one day hr. min.

9. Birthplace Moniteau Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business none

MOTHER FATHER { 12. Name Phillip Broeder
13. Birthplace Barbaria Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Lriesbach
15. Birthplace Barbaria Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Sam Butterworth & Mrs. R.B. Crank
(b) Address 5901 Wabash - 6618 E. 17th

17. (a) Burial (b) Date thereof July 30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spelen Cemetery

18. (a) Signature of funeral director G. Hornbeek
(b) Address Prairie Home, Mo

19. (a) July 30-44 (b) D.R. Has. Swap
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1944 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from October 1943 to July 29 1944
that I last saw him alive on July 28 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Lymphatic Leukemia
Due to 1740 174

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

Major findings: Of operations _____
Of autopsy Same as Cause of death
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) (r) Means of injury
23. Signature M.L. Dietzinger (M. D. or other) M.D.
Address Boonville Mo Date signed 7/30/44

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

7
1
2

RECEIVED
District Health Officer No. 8,
District File Number 6-2-77
Date Filed _____

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 C. Albert Hornbeck

Licensed Embalmer No. 2714

P. O. Address Praine Home no

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.