S. No. 2
OM—5-43
v. 5-17-39
o I X38671

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

30427

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31596

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8434

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: 1
3916 Hartford
(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: 000

(a) State Mo. (b) County 617
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3916 Hartford 9
(If rural, give location) 10
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT BROEKER

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb. 21 1943 (Month) (Day) (Year) Child had congenital cystic Kidney

8. AGE: Years 3 Months 7 Days 8 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name Donald Broeker
13. Birthplace (City, town, or county) Wyoming 1 (State or foreign country)

MOTHER
14. Maiden name Helen Wegman
15. Birthplace (City, town, or county) St. Louis Mo. 0 (State or foreign country)

16. (a) Informant Donald Broeker
(b) Address 3916 Hartford
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-46 (Month) (Day) (Year)
(c) Place: burial or cremation New Pickers
18. (a) Signature of funeral director Jos. P. Fendler Jr.
(b) Address 7128 Michigan Ave.
19. (a) OCT 1 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 29 year 1946 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from SEPT 3, 1946, to SEPT. 29, 1946; that I last saw him alive on SEPT. 28, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death NEPHRITIS	SEPT 3 to 29
Due to MYOCARDITIS	
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

23. Signature J. H. Lewing (M.D. or other) DC
Address 5342 W. Florissant Ave. Date signed Sep 30, 1946

(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 [signature]

Licensed Embalmer No. 2906

P. O. Address 7128 Michigan

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.