No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25358

Registrar's No. 6987

1. PLACE OF DEATH:

(a) County .....

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

(c) Name of hospital or institution: City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days (Specify whether years, months or days)

In this community 1 year, 17 Days

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2945 A North 14th Street
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME James Broyles

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 Single

6. (b) Name of husband or wife Nil

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

7. Birth date of deceased July (Month) 9 (Day) 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
1	0	17	hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Howard Broyles
13. Birthplace Foley (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Grace Misuraco
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Howard Broyles (Father)
(b) Address 2945 A North 14th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons
(b) Address 3934 No. 20th Street

19. (a) JUL 28 1947 (Date received local registrar) (b) J. F. Bralick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1947 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 20, 1947, to July 26, 1947 that I last saw him alive on July 26, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pertussis	Duration 3 weeks
Due to	
Due to	
Other conditions Pneumonia and Encephalopathy (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause of 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 Roger W Clapp (M. D. or other) MD
Address 15 N Lafayette Date signed 7/27/47

Jefferson City Printing Co.

(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 me, Registered Apprentice No., working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3934 N. 20 St

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.