

FILED FEB 9 1948 **318**

Primary Registration District No. **1003**

Registrar's No. **907**

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..... **H. C. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **Act. 5 hours**  
(Specify whether  
In this community..... **28 years**  
years, months or days)

3. (a) PRINT FULL NAME..... **Lonnie Broome**

3. (b) If veteran, name war.....  
3. (c) Social Security No. **493-10-0045**

4. Sex..... **Male** Color or race..... **Negro**  
5. (a) Single, widowed, married, divorced..... **Married**  
6. (a) Name of husband or wife..... **Lunna Broome**  
6. (c) Age of husband or wife if alive..... **54** years  
7. Birth date of deceased..... **February 5 1890**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**57 11 22** hr. min.

9. Birthplace..... **Unknown, Mississippi**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Barber**

11. Industry or business.....

MOTHER FATHER  
12. Name..... **Al Broome**  
13. Birthplace..... **Unavailable**  
(City, town, or county) (State or foreign country)  
14. Maiden name..... **Dora Unknown**  
15. Birthplace..... **Unavailable**  
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Lunna Broome**  
(b) Address..... **4334 St. Louis Avenue**  
17. (a) **Burial** (b) Date thereof..... **2-3-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Washington Park Cem.**

18. (a) Signature of funeral director..... **Chas. J. Gates**  
(b) Address..... **4107 Finney Avenue**

19. (a) **Jan 29 1948** (b) **J. F. Bredsch**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Mad**  
(c) City or town..... **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4334 St. Louis Avenue**  
(If rural, give location)  
(e) Citizen of foreign country?..... **No** (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **January** day..... **27**  
year..... **1948** hour..... **2** minute..... **08 A.M.**

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw h..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Cerebro Hemorrhage**  
Due to.....  
Due to.....

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

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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..... **Patricia Edgerton**  
Address..... **1300 Clark Avenue** Date signed.....

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

621 1/2  
620 0

8

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.....

Guy A. Shelton

Registered Apprentice No. 3

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.