

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 7537

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(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

Edgar McBroom

3. (b) If veteran,
name war No

3. (c) Social Security No.
Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced Married
6. (b) Name of husband or wife Pearl McBroom 6. (c) Age of husband or wife if
alive 63 years
7. Birth date of deceased August 13 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 14 If less than one day
hr. min.

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

10. Usual occupation Retired Foreman

11. Industry or business Petite Baby Shoe Co.

12. Name Peter McBroom

13. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Emma Slaton

15. Birthplace Miller Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Pauline Ober

(b) Address #10 Glendale Dr., Normandy, Mo.

17. (a) Burial (b) Date thereof 8-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) AUG 27 1948 (b) J. F. Breeseck
(Date received for registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 2736 Wheaton
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year 1948 hour 12 minute 20 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
Ruptured Heart
Myocardial Infarction
Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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) (c) Means of injury _____
23. Signature Patrick E. Taylor (M.D. or other) _____
Address 1300 Clark Date signed 8-27-48

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..... *Elvis R. Sadwell*

Licensed Embalmer No. *42077*

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.