

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9741

State File No.

APR 12 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3026**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2199	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4232 Westminster		d. STREET ADDRESS (If rural, give location) 19 4232 Westminster	

3. NAME OF DECEASED (Type or Print)	a. (First) Henry	b. (Middle)	c. (Last) Broeker	4. DATE OF DEATH (Month) (Day) (Year) March 30, 52
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH Dec. 21, 1869	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Upholsterer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Henry Broeker Sr.	13b. MOTHER'S MAIDEN NAME Johanna Nolting	14. NAME OF HUSBAND OR WIFE Emma Broeker
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME A. Teckmeyer, 8636 Turnbull	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 hrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		
ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Heart Disease Several years	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Chronic Cholecystitis with Cholelithiasis years.	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4200
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22. I hereby certify that I attended the deceased from Jan., 1949, to March 30, 1952, that I last saw the deceased alive on 3-30, 1952, and that death occurred at 9:05 P.m., from the causes and on the date stated above.

23a. SIGNATURE Arthur J. Meagher	(Degree or title) M.D.	23b. ADDRESS 3805 So. Broadway	23c. DATE SIGNED 3-30-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-31-52	24c. NAME OF CEMETERY OR CREMATORY St. Peter's	24d. LOCATION (City, town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 31 1952	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	ADDRESS 4700 Washington Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 12 1958

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John J. Haines*

Licensed Embalmer No. *4108*

P. O. Address *St. Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body, is not embalmed, fact should be so stated above.