

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44737**  
Registrar's No. **12110**

FILED JAN 26 1953

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>1521a E. Grand Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>		9	
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>H.</b> c. (Last) <b>Broyles</b>		4. DATE OF DEATH <b>Dec. 30, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced 3</b>	8. DATE OF BIRTH <b>Feb. 8, 1893</b>
9. AGE (In years last birthday) <b>59</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Crane Operator</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Brisco, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Milton Broyles</b>	
13b. MOTHER'S MAIDEN NAME <b>Minnie L. East</b>		14. NAME OF HUSBAND OR WIFE <b>Lorraine Broyles</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Myrtle Kaiser</b>		ADDRESS <b>4325 N. 20 Str</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congestive Failure,</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Rheumatic Heart Disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b> <b>40 years</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>416X</b>	
22. I hereby certify that I attended the deceased from <b>August 1948</b> to <b>12-30-1952</b> , that I last saw the deceased alive on <b>12-30-1952</b> , and that death occurred at <b>U. 30A m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>35 N Central Clayton Mo</b>	
23c. DATE SIGNED <b>12-31-52</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	
24b. DATE <b>Jan 2 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Garden</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. A. Stock</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>JAN 2 1953</b> <i>[Signature]</i>		ADDRESS <b>2117 E. Grand.</b>	

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

Dr & Mrs L. Skinner

35 70 Central Ave 9100

Res 7379 Residing Ave 7039

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

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Signed

Frank G. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.