

FILED NOV 6 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37883

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2696

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur		c. CITY OR TOWN Creve Coeur d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 40 Years		e. STREET ADDRESS (If rural, give location) Mosley Road	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mosley Road			
3. NAME OF DECEASED (Type or Print) a. (First) Amelia b. (Middle) Anna c. (Last) Broeker		4. DATE OF DEATH (Month) (Day) (Year) Oct. 16, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 23, 1884
9. AGE (in years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Moritz Gaus		13b. MOTHER'S MAIDEN NAME Dorothy Mertz	14. NAME OF HUSBAND OR WIFE William Broeker Creve Coeur
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 William Broeker Creve Coeur, Mo. R#1 Box 248
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive vasculopathy DUE TO (c) 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"/>			
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 1, 1953 to Oct 16, 1953 that I last saw the deceased alive on Oct 16, 1953 , and that death occurred at 6:05 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Bernard Bernard Barnes		23b. ADDRESS Hospital, St. Louis	
23c. DATE SIGNED 10/19/53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-19-53	
24c. NAME OF CEMETERY OR CREMATORY Hypem Cemetery		24d. LOCATION (City, town, or county) (State) Creve Coeur, Mo.	
DATE REC'D BY LOCAL REG. 10/19/53		REGISTRAR'S SIGNATURE Hebe...	
25. FUNERAL DIRECTOR'S SIGNATURE Shuman Bros. Inc.		ADDRESS 2504 Woodson Rd - Overland - Mo.	

Mr. Bern and Bern 600 S-Cyberway for 6400
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Oscar F Mueller.....

Licensed Embalmer No. 3039

P. O. Address Overland!

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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