No. 300
10.48

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SL-6980 REG. NO. 10635
FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6209

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1972

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: 915 N.GRAND,ST.LOUIS,MO.
c. LENGTH OF STAY (In this place): 182 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: GREENE
c. CITY OR TOWN: SPRINGFIELD
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 712 S. HOLLAND

3. NAME OF DECEASED (Type or Print)
a. (First): AUGUSTUS
b. (Middle): A.
c. (Last): BROCH JR.

4. DATE OF DEATH (Month) (Day) (Year): 2-23-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 10-2-97
9. AGE (In years last birthday): 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: HARDWARE
11. BIRTHPLACE (City and State or Foreign Country): CLAYTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: AUGUSTUS A. BROCH SR
13b. MOTHER'S MAIDEN NAME: JANETT HARRIS
14. NAME OF HUSBAND OR WIFE: CAROLYN M. BROCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW-1
16. SOCIAL SECURITY NO.: 493 05 2203
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA HOSP.RECORDS,915 N.GRAND,ST.LOUIS,MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CARCINOMA, GENERALIZED — Interval between onset and death: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) ~~199.9~~

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma Of Thyroid (History) — 2-1/2 yrs
Bronchopneumonia, bilateral — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 194X
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1955, *to* 2-23-56, 19__, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE Hy.F. Westphaelinger (Degree or title) M.D.
23b. ADDRESS: VAH,915 N.GRAND,ST.LOUIS,MO.
23c. DATE SIGNED: 2-23-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/27/56
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: FEB 24 1956
REGISTRAR'S SIGNATURE: E Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Drehmann-Harral 1905 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Warren A. Carver

Licensed Embalmer No. 353

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.