

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17632

No.

4340

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH

a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN

St. Louis

c. LENGTH OF STAY (In this place)

c. CITY OR TOWN

St. Louis

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Enroute City Hospital

e. STREET ADDRESS

(If rural, give location)

17 3647 Blaine Ave. 2179

3. NAME OF DECEASED

a. (First)

George

b. (Middle)

Tanner

c. (Last)

Broyles Sr.

4. DATE OF DEATH

(Month) (Day) (Year)

4-30-56

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Aug 19, 1889

9. AGE (In years last birthday)

66

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)

Maintenance man

10b. KIND OF BUSINESS OR INDUSTRY

Rooming house

11. BIRTHPLACE (City and State or Foreign Country)

Briscoe Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Joseph Broyles

13b. MOTHER'S MAIDEN NAME

Diana Willis

14. NAME OF HUSBAND OR WIFE

Dora Broyles

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.

Unknown

17. INFORMANT'S SIGNATURE OR NAME

Dora Jefferis 3647 Blaine Ave.

ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

Cerebral Apoplexy

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b)

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

334X

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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:18A m., from the causes and on the date stated above.

23a. SIGNATURE

Samuel P. Taylor 3

(Degree or title)

23b. ADDRESS

1300 Cloud Ave

23c. DATE SIGNED

5/2/56

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

5-3-56

24c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

24d. LOCATION (City, town, or county)

St. Louis County MO

(State)

DATE REC'D BY LOCAL REG.

MAY 3 1956

REGISTRAR'S SIGNATURE

J. Earl Smith or D.

25. FUNERAL DIRECTOR'S SIGNATURE

Thos J. Finan 1519 So. Grand Ave.

ADDRESS

S.P. (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 emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *137*.....

P. O. Address *St. Louis*.....

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