. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8335

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2628

1. PLACE OF DEATH:

(a) County

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1621 Menard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 15 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 23 100

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 1621 MENARD
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Willis BROY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex 0 M

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Julia Ann

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept (Month) 27 (Day) 1872 (Year)

8. AGE: Years 69 Months 5 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name George Broy
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Mary Unknown
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant William Broy
(b) Address 2336 So 12th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-22-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Fairdealing Mo

18. (a) Signature of funeral director Gish Funeral Home
(b) Address Naylor Missouri

19. (a) MAR 24 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 18TH year 1942 hour 7:10 minute P M.

21. I hereby certify that I attended the deceased from march 8 1942, 19, to march 18, 1942 that I last saw him alive on march 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Liver

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy none made

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓
(Specify type of place)

While at work? (e) Means of injury ✓

23. Signature James M. Haven (M. D. or other)

Address 2025 S. Jefferson Date MAR 1942

(Licensed Embalmer's Statement on Reverse Side)

2628

2628

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Howard R Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis Mo

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.