

No. 2
M-2-43
5-17-36
I X35327

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

28510

State File No.

Registrar's No.

FILED AUG 18 1943

318

Primary Registration District No.

1003

7171

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:
St. John's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ? (Specify whether
In this community 50 Yrs. years, months or days)

3. (a) PRINT FULL NAME Leopold Broeckaert

3. (b) If veteran, name war No 3. (c) Social Security No. 498-07-9737

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Emma Broeckaert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 21, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 18 hr. min.

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

10. Usual occupation Musician

11. Industry or business _____

MOTHER FATHER { 12. Name: Unknown
13. Birthplace " 9
(City, town, or county) (State or foreign country)
14. Maiden name "
15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Seifried

(b) Address 1092 Francis Pl.

17. (a) Cremation (b) Date thereof Aug. 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) Aug 9 1943 (b) J.F. Broeck
(Has received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 919
(d) Street No. 4115 Washington Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th,
year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from July 1st 1942 to Aug 8th 1943
that I last saw him alive on August 7th 1943
and that death occurred on the date and four stated above.

Immediate cause of death Hypertensive Crisis of the Brain Duration 6 month

Due to Cardio Vascular Disease Arterio- Duration 6 month

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

Major findings: Of operations _____

Of autopsy Hypertensive Crisis of the Brain 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?

While at work? (Specify type of place) _____ (e) Means of injury _____

23. Signature Augustus P. Munsch (M. D. or other) Aug 9-43
Address 304 W. Humboldt Blvd. Date signed Aug 9-43

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

Stumbacke Bell

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 *Calvin J. Peck*

Licensed Embalmer No. *2977*

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.