S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 15 1947

Registration District No. 8

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 22922

Registrar's No. 1471

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 9/1/1938 (Specify whether years, months or days)
In this community: unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 2531 Clifton Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: BROEG, Earl C.
3. (b) If veteran, name war: World War I
3. (c) Social Security No.: unknown
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Eleanor Broeg
6. (c) Age of husband or wife if alive: 55 years
7. Birth date of deceased: March 1, 1891 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 4 | 6 | hr. min. |

9. Birthplace: St. Louis, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Attorney
11. Industry or business:
FATHER
12. Name: Louis Broeg
13. Birthplace: Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Marguerite Davis
15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital,
(b) Address: Jefferson Barracks, Missouri
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof: 7-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Crematory
18. (a) Signature of funeral director: Kriegshauser Mortuaries
(b) Address: 4228 S. Kingshighway, St. Louis, Mo.
19. (a) 7-10-47 (Date received local registrar) (b) Beal A. Sharp M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 7 year: 1947 hour: 11:05 minute: P.M.

21. I hereby certify that I attended the deceased from September 1, 1938 to July 7, 1947 19..; that I last saw him alive on July 7, 1947 19..; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Brain Tumor, type undetermined. | |
| Due to: | |
| Due to: | |
| Other conditions: Cholecystitis; Cholelithiasis (Include pregnancy within 3 months of death) | |
| Major findings: Of operations: Cholecystectomy 6/13/47 | |
| Of autopsy: No Autopsy | |

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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: L. S. Stewart (M. D. or other)
Address: Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed: 7/8/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1943

## 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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

**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.