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FILED JUN 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21157

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5589

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) USONA HOTEL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY ST LOUIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS 2129
d. STREET ADDRESS (If rural, give location) 5000 WATERMAN

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) GEORGE FRANK BROEKER
4. DATE OF DEATH (Month) (Day) (Year) 6-19-1951
5. SEX M.
6. COLOR OR RACE W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE U
8. DATE OF BIRTH OCT-23-1893
9. AGE (In years last birthday) 57 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) RETIRED
10b. KIND OF BUSINESS OR INDUSTRY PRINTING
11. BIRTHPLACE (State or foreign country) ST. LOUIS
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME AUGUST H. BROEKER
13b. MOTHER'S MAIDEN NAME CARRIE KLEINSCHMIDT
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. FLORENCE B. MITCHELL

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) Septicemia — INTERVAL BETWEEN ONSET AND DEATH 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abscess of Rt Parotid and Sub-maxillary glands 40 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis Deformans over 10 yrs.

19a. DATE OF OPERATION 5/26/51
19b. MAJOR FINDINGS OF OPERATION Pus - 6 c.c. obtained on incision
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? 537X

22. *I hereby certify that I attended the deceased from* 5-26, 1951, *to* 6-12, 1951, *that I last saw the deceased alive on* 5-26, 1951, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm G. Wood (Degree or title) M.D.
23b. ADDRESS 1001 McCausland
23c. DATE SIGNED 6-20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
24b. DATE JUNE-21-1951
24c. NAME OF CEMETERY OR CREMATORY VALHALLA CREMATORY
24d. LOCATION (City, town, or county) (State) ST LOUIS, CO. M
DATE REC'D BY LOCAL REG. JUN 20 1951
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker-Aldrich Fun Home Grovers Sochsler

(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 embalmed by me, or by ..... Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed Peter B. Dubrowski

Licensed Embalmer No. 3691

P. O. Address Redmond Hwy to M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.