

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11088**

BIRTH NO. _____		REG. DIST. NO. <u>309</u>		PRIMARY REG. DIST. NO. <u>6050</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>St Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Orchard Farm Rt 3</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY OR TOWN <u>Orchard Farm</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Orchard Farm Rt 3</u>				e. STREET ADDRESS (If rural, give location) <u>Orchard Farm Rt 3</u> <u>0920</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vincent</u> b. (Middle) <u>H</u> c. (Last) <u>Broeker</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 16, 1905</u>		
9. AGE (In years) (Months) (Days) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinest Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Jake Evans Mfg. Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles County, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Henry Broeker</u>		13b. MOTHER'S MAIDEN NAME <u>Dora Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>Esther Kneemiller Broeker</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494 03 8402</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Esther Broeker, Rt. 3, Orchard Farm, Mo.</u>				
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) <u>Coronary Artery Occlusion.</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) dating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>None</u>						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>1:00Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. J. Camp</u>				23b. ADDRESS <u>3704 Washington Blvd</u>		23c. DATE SIGNED <u>Feb. 15, 1953</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>February 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Orchard Farm, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 24 1953</u>		REGISTRAR'S SIGNATURE <u>T. W. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huckmann Bone, St. Charles, Mo</u>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

FILED APR 6 1953

920

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.....
Signature of Student Embalmer

Signed *Clarence H. Billo*.....

Licensed Embalmer No. *4375*.....

P. O. Address *St. Charles*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.