

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7571

State File No. ....

FILED MAR 12 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 545 Registrar's No. 439

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u>	c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood 4524</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2536 Big Bend Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>2536 Big Bend Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>TIMOTHY</u> b. (Middle) <u>JOSEPH</u> c. (Last) <u>BROE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 14 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>3/13/1882</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Days <u>11</u> Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Salesmen</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Patrick J. Broe</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Varley</u>	14. NAME OF HUSBAND OR WIFE <u>Genevieve Roach</u>
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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>UNK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marcella Broe</u>	ADDRESS <u>2536 Big Bend Blvd.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4200</u>
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 Feb. 2, 1956, to 2/14/56, 1956, that I last saw the deceased alive on 2/14/56, 1956, and that death occurred at 9.20P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Hester A. Dill</u>	23b. ADDRESS <u>M.D. 7346 Manchester</u>	23c. DATE SIGNED <u>2/15/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>2/16/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. Peter &amp; Paul Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>2-15-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ambruster Mortuary</u>	ADDRESS <u>6633 Clayton Road</u>
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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.....

*Fred W. Farmer*

Licensed Embalmer No. *21788*

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.