

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28171

STATE FILE NUMBER 7152

FILED SEP 6 1956

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hosp		d. STREET ADDRESS (If outside, give location) 3020 St Vincent	
3. NAME OF DECEASED (Type or print) First Jack Middle Broyles Last Broyles		4. DATE OF DEATH Month July Day 31 Year 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 25 1898
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker Shapleigh Hardware Co		9b. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Hardware Co	
11. BIRTHPLACE (City and state or country) Briscoe Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Jacob Broyles		14. MOTHER'S MAIDEN NAME Nancy Collard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 450 18 9841	
17. INFORMANT Florence Hunter Broyles		Address 3020 St Vincent	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ventricular Fibrillation DUE TO (b) Angina Pectoris DUE TO (c) Coronary Arterio Sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 420.1
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 1:50A Month July Day 31 Year 1956 a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St Louis		COUNTY Mo STATE	
21. I attended the deceased from July 8, 1956 to July 31, 1956 and last saw her/him alive on July 30, 1956 Death occurred at 1:50A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Paul K. Webb (Degree or title) M. D.		22b. ADDRESS Chemical Bldg., St. Louis, 1, Mo	
22c. DATE SIGNED 8/2/56			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug 3 1956	
23c. NAME OF CEMETERY OR CREMATORY Calvary		23d. LOCATION (City, town, or county) (State) St Louis Mo	
24. FUNERAL DIRECTOR E. J. Schnur ADDRESS 3125 Lafayette		25. DATE RECD. BY LOCAL REG. AUG 2 1956	
		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S. R. P.	

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Joseph Bollmer*

Licensed Embalmer No. *48*
P. O. Address *3125 74*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.