

FILED JAN 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42774
11720

BIRTH NO. 32876-56		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY None				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY None			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) Life		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Homer G. Phillips Hosp.				e. STREET ADDRESS (If rural, give location) 4030 St. Louis Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Micheal		b. (Middle) (nmi)		c. (Last) BROYLES		4. DATE OF DEATH (Month) (Day) (Year) Dec 18, 1956	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Apr. 22, 1956	
9. AGE (In years last birthday) 7		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY --		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Walter L. Broyles			13b. MOTHER'S MAIDEN NAME Helen Fowler			14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No ---		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Walter L. Broyles, 4030 St. Louis			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subdural Hematoma</i>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Suffered in fall from</i>					
		DUE TO (c) <i>cauch in Head</i>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Exact Time and Date</i>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Unknown</i>				20. AUTOBPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT OR HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>		21c. (CITY, TOWN, OR TOWNSHIP) <i>St. Louis</i> (COUNTY) <i>Mo</i> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) <i>? ? m</i>		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 <i>12/18/56</i> to <i>12/19/56</i> , 19 <i>56</i> , that I last saw the deceased alive on <i>12/19/56</i> , 19 <i>56</i> , and that death occurred at <i>2:15 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Patric F. Taylor</i> (Degree or title) <i>3</i>				23b. ADDRESS 1300 Clark Avenue		23c. DATE SIGNED <i>12-22-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>12/22/56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Dale Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Lemay, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>DEC 22 1956</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith md</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Cunningham & Moore, 2405 Marcus</i>			

(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.....
Signature of Student Embalmer

Signed.....
John K. Cunningham

Licensed Embalmer No....4476.

P. O. Address2405 Marcus

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.