WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37848

File No.

Registered No. 10553

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo (No. 1227a Montgomery St St. ..... Ward)

2. FULL NAME Rev. (C. J.) Broders, Christian J.

(a) Residence, No. 1227 Montgomery St. St., 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mathilda Broders

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 22 - 1867

7. AGE: YEARS 65 | MONTHS – | DAYS 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 199

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New Orleans 2

FATHER

13. NAME: Jake Broders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER

15. MAIDEN NAME: Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Mathilda Broders 1227a Montgomery St

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Bethlehem DATE Nov 29 1932

19. UNDERTAKER (ADDRESS): Hy Leidner Und. Co 1417 N. Market St.

20. FILED NOV 29 1932 Max C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 27th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1932, to Nov 27th, 1932

I last saw him alive on Nov 26th, 1932. Death is said to have occurred on the date stated above, at 4:30 A.m.

The principal cause of death and related causes of importance were as follows:

Diabetes mellitus — Date of onset 1928

59
134
135B

Other contributory causes of importance:
Prostatitis and cystitis

Name of operation none Date of .....

What test confirmed diagnosis? Renalitis Cystoscopy Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Goldburn H. Wilson, M. D.

(Address) 4105 W. Florissant ave