APR 6 1937

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

Do not use this space.

1. PLACE OF DEATH
County St Louis — Registration District No. 791 — File No. 10377
Township — Primary Registration District No. 1003 — Registered No. 2949
City St Louis (No. St Lukes Hospital Ward)

2. FULL NAME Baby Broadhead
(a) Residence, No. ~~St Lukes Hospital~~ 5832 Lotus St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15 - 1937
7. AGE: YEARS — MONTHS — DAYS — If LESS than 1 day, ... hrs. or — min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): St Louis Mo

FATHER
13. NAME: Fred Broadhead
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Ruth Caffall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

17. INFORMANT (ADDRESS): Fred Broadhead 5832 Lotus ave
18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE March 17 1937
19. UNDERTAKER (ADDRESS): Walsh Funeral Home East St Louis Ill
20. FILED MAR 16 1937 J A Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 15, 1937
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him ~~alive on~~ Still-born, 19.... Death is said to have occurred on the date stated above, at 1249 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Utero-placental apoplexy.	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? operative findings Was there an autopsy? .....

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) Robert L. Tolle, M. D.
(Address) St. Lukes Hosp. St Louis, Mo.

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.

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