

AR 1 1939
 96
 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. N. B.—

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

7895
 Do not use this space.

REC'D MAR 9 1939

1. PLACE OF DEATH
 (a) County St. Louis County Registration District No. 7844
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 372
 (c) City Jefferson Bks., Mo. (d) Street No. Veterans Facility St.
 (If death occurred in Hospital or Maternity, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Broderick
 (a) Residence, No. 5376 West Ave., St. Louis, Missouri (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Mrs. Louise Broderick, (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 26, 1895

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>43</u>	<u>4</u>	<u>8</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Baggageman
 9. Industry or business in which work was done, as saw mill, bank, etc. Union Station
St. Louis, Mo.
 10. Date deceased last worked at this occupation (month and year) unkn. 11. Total time (years) spent in this occupation unkn.

12. BIRTHPLACE (CITY OR TOWN) Indiana. (STATE OR COUNTRY)

FATHER

13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Florence Gross
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (NAME) Mrs. Schellig
 (ADDRESS) Clinical Clerk, Vet. Adm. Fac., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM DATE MARCH 3 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister Undertaking & L.C.
 (ADDRESS) 7814 South Broadway, St. Louis, Mo.

20. FILED MAR 1 1939 D.R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 27 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1939 to Feb. 27, 1939
 I last saw him alive on Feb. 27, 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Pneumonia, lobar, upper and middle lobe, right; lower lobe, left. Date of onset Unkn.

Other contributory causes of importance:
None.

Name of operation none Date of -
 What test confirmed diagnosis? Phys. exam Was there an autopsy? Yes
X-rays.

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 Chief Med. Officer, Vet. Adm. Facility
 (Signed) C. W. Hughes, M.D.
 (Address) Jefferson Barracks, Mo.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.