

FILED OCT 18 1941

STANDARD CERTIFICATE OF DEATH

State File No. 30013

791

1003

Registrar's No. 7352

Registration District No.

Primary Registration District No.

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 Days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3941a Shenandoah
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10,
year 1941 hour 1:00 minute _____ A. M.
21. I hereby certify that I attended the deceased from August
22, 1940 to September 10, 1941
that I last saw him alive on September 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death:
Hypertrophy of Prostate
Chronic Myocarditis
Generalized Atherosclerosis
Due to _____
Due to _____

Duration

Other conditions:
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Robert Broadwater

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Hattie Broadwater 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 5, 1854
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 5 5 hr. min.

9. Birthplace Calloway Co. Vir Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name John Broadwater
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Neal Broadwater
(b) Address 3941a Shenandoah Ave.

17. (a) Burial (b) Date thereof 9/12/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Allenton, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address 4911 Washington Bl.

19. (a) SEP 11 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work _____ (c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 9/10/41

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 *Thomas R. Penick*
Licensed Embalmer No. *3793*
P. O. Address *St. Louis, Mo*

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, fact should be so stated above.