. S. No. 2
OM—5-42
v. 5-17-39
I X32873

96
0
0

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37977

State File No. 11

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2301

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. 11/3/42. (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County 7

(c) City or town Webster Groves 4
(If outside city or town limits, write "RURAL")

(d) Street No. 510 Hillside Avenue
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country -

3. (a) PRINT FULL NAME Thomas E. Broaddus

3. (b) If veteran, name war World War - 1918

3. (c) Social Security No. Yes - not remembered.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife -

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased June (Month) 26, (Day) 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	4	7	hr. min.

9. Birthplace Lebanon, (City, town, or county) Illinois. (State or foreign country)

10. Usual occupation Brick Mason

11. Industry or business -

FATHER
12. Name Thomas B. Broaddus
13. Birthplace New Orleans, (City, town, or county) Louisiana (State or foreign country) 1

MOTHER
14. Maiden name Mary Gibbs
15. Birthplace Unavailable (City, town, or county) Unavailable (State or foreign country) 9

16. (a) Informant M Schellig
(b) Address Clinical Clerk, VAF, Jeff.Bks., Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Nov. 4-42 (Month) (Day) (Year)

(c) Place: burial or cremation LEBANON, ILLINOIS

18. (a) Signature of funeral director C. Hoffmeister W.L.Co.
(b) Address 78148. Broadway

19. (a) NOV 4 - 1942 (Date received local registrar) (b) E. G. McGavin MD (Registrar's signature)
707

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 3rd, year 1942 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from November 3, 1942 to November 3, 1942; that I last saw him alive on November 3, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death MENINGITIS, ACUTE, PNEUMOCOCCIC, TYPE TWO. — Duration About 7 days

~~Due to~~

108

~~Due to~~

Other conditions PNEUMONIA, LOBAR, RIGHT UPPER LOBE, TYPE TWO, PNEUMOCOCCUS. (Include pregnancy within 3 months of death) — About 7 days

PHYSICIAN

Major findings:
Of operations None.
Of autopsy No autopsy.

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) no

(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? [signature] Means of injury

23. Signature L. M. COCHRAN, M.D., 0 (M. D. or other)

Address Chief Medical Officer. Date signed 11/4/42.

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.