

Registration District No. 318 Primary Registration District No. _____

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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME ROBERT BRODERICH
3. (b) If veteran, name war _____ 3. (c) Social Security No. 486-14-3680A

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased About 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 68 hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown Broderich

13. Birthplace Croatia
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Croatia
(City, town, or county) (State or foreign country)

16. (a) Informant Ignatius Hartman

(b) Address 3861 Utah Place

17. (a) Burial (b) Date thereof 2-11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director Modelt Mnd. Co.
(b) Address 1926 Allen Avenue

19. (a) FEB 10 1948 (b) J. F. Broderich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1035 Carroll Street
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 8th
year 1948 hour 10 minute 45 A M.
21. I hereby certify that I attended the deceased from 1/26/48
_____, 19____, to Feb. 8th 19 48
that I last saw him alive on Feb. 8th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death adenocarcinoma of stomach & metastases Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: same
Of operations _____
Of autopsy none

PHYSICIAN
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) _____
(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? _____
While at work _____ (Specify type of place) (a) Means of injury _____
23. Signature J. F. Broderich 1515 Lafayette 2/9/48 M. D. or other _____
Address _____ Date signed _____

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

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.....

Me....., Registered Apprentice No.....

working under my personal supervision.

Signed *Ben L. Duncan*.....

Licensed Embalmer No. 2272.....

P. O. Address. 1926 Allen Avenue.....

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.