No. 2
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17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 7 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10014

Registrar's No. 2925

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4025a Clayton Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4025a Clayton Ave. 19 9
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME John H. Brodbeck

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sallie E.

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Feb. (Month) 14 (Day) 1870 (Year)

8. AGE: Years 78 Months 1 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Grocer Clerk (Retired)

11. Industry or business Miehe Grocery Co.

FATHER
12. Name John J. Brodbeck
13. Birthplace Switzerland 5 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine Lochouse
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Sallie Brodbeck
(b) Address 4025a Clayton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Trinity Lutheran Ch. Cem. Chesterfield, Mo.

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 25 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1948 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from June 16 1946, 19 to March 24, 1948 that I last saw him alive on March 24, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to 97

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature M. E. Sheets (M. D. or other)

Address 4359 Maple Ave. Date signed 3/25/48

Jefferson City Printing Co.

(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 Edwin D. McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.