

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

FILED SEP 13 1948

Registration District No.

318

STANDARD CERTIFICATE OF DEATH

State File No.

27551

Registrar's No.

7603

Primary Registration District No.

1003

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.....
Route to City Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 3
(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. # 10 North 10th. Street 9
(If rural, give location)
 (e) Citizen of foreign country?..... 25 (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Beatrice Broderick

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

4. Sex..... 1 F. 5. Color or race..... W. 6. (a) Single, widowed, married, divorced..... W. 2

6. (b) Name of husband or wife..... Jesse Broderick 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... Sept. 26th., 1886
(Month) (Day) (Year)

8. AGE: Years..... 64 Months..... 11 Days..... 2 If less than one day..... hr. min.

9. Birthplace..... Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation..... Nil

11. Industry or business.....

12. Name..... John Doz

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Father Lloyd Sullivan

(b) Address..... 209 Walnut Street

17. (a) Burial (b) Date thereof..... 8-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Celvary

18. (a) Signature of funeral director..... Arthur J. Donnell

(b) Address..... 3840 Lindell Blvd.

19. (a) AUG 30 1948 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Aug day..... 28
year..... 1948 hour..... 8 1/2 minute..... 00 P. M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death..... Lobar Pneumonia 108

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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) or Means of injury.....

23. Signature..... Alfred J. Berry (M. D. or other)
Address..... Deputy Coroner Date signed..... 8-30-48

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 W H Van Matra

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.