S. No. 200
V. 10.48

FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11329

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 720

4042 C

1. PLACE OF DEATH
a. COUNTY: St.Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Maryland Heights 4250
d. STREET ADDRESS (If rural, give location): Midland & Lansing Aves. 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Allen
c. (Last): Broad III

4. DATE OF DEATH (Month) (Day) (Year): Mar.18,1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: Sept.2,1927

9. AGE (In years last birthday): 22 | If under 1 year: Months | Days | If under 1 day: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Not steady

11. BIRTHPLACE (State or foreign country): Wood River,Ill. 1

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William A.Broad II

13b. MOTHER'S MAIDEN NAME: Agnes M.Fredericks

14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXXXXXXX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): After W.W.#2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: William A.Broad II | **ADDRESS**: Robertson,Mo. Box #234

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) suffocation due to pressure on chest-driving station wagon which

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) overturned and pinned him to the ground, after sideswiping another

DUE TO (c) automobile.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 400 816.4

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Public road.

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Creve Coeur Mill Rd., St.Louis, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3 18 50 A.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Automobile collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Willmann (Degree or title): Coroner 3

23b. ADDRESS: Clayton, Mo.

23c. DATE SIGNED: 3/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 3-20-1950

24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory

24d. LOCATION (City, town, or county) (State): Wellston,Mo.

DATE REC'D BY LOCAL: MAR 20 1950

REGISTRAR'S SIGNATURE: Herbert R. Domke, MD

25. FUNERAL DIRECTOR'S SIGNATURE: Bohnemann Bros. Inc. | **ADDRESS**: 2504-Woodson Rd-Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 3454

.....,

working under my personal supervision.

Student Embalmer No.....

Signed David C. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, M

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.