

FILED OCT 5 1950

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2144</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural: Airport Township</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2069</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JEWISH SANATORIUM</u>				d. STREET ADDRESS (If rural, give location) <u>6 5818 Roosevelt Pl</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Morris</u>		b. (Middle) _____		c. (Last) <u>Broderson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1950</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Unknown</u>			
9. AGE (In years last birthday) <u>ab. 74</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Bakery</u>			11. BIRTHPLACE (State or foreign country) <u>Poland</u>			
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>Solomon Broderson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Broderson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harry Broderson 5615 Easton Ave</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>widespread arteriosclerotic gangrene</u>  ANTECEDENT CAUSES As forid conditions, if any, giving DUE TO (b) <u>General and peripheral arteriosclerosis</u> <u>(Amputation of leg)</u> DUE TO (c) <u>Diabetes mellitus</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u> <u>two years</u> <u>Mar 17 50</u> <u>15 years</u> <u>2nd X</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ? _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>June 22 1946</u> , to <u>Sept 8 1950</u> , that I last saw the deceased alive on <u>Sept 8 1950</u> , and that death occurred at <u>3:20 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Helga Amore M.D.</u>				23b. ADDRESS <u>Jewish Sanatorium</u> <u>Fee Fee Road, Robertson, Mo.</u>		23c. DATE SIGNED <u>Sept 8 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/10/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>University City Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-10-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial</u>		ADDRESS <u>4715 McPherson</u>			

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

4000

**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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed Lewis Ludwig  
Licensed Embalmer No. 4228

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.