

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

38763

State File No. _____

No. 300
10.48711 DEC 15 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10877**

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

| | | | |
|---|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2109 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital | | d. STREET ADDRESS (If rural, give location) 4204a Pleasant Street 0 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) H. c. (Last) Brodhage | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1951. | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Oct. 22, 1863 |
| 9. AGE (In years last birthday) 88 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 11. BIRTHPLACE (State or foreign country) Illinois |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Henry Brodhage | |
| 13b. MOTHER'S MAIDEN NAME | | 14. NAME OF HUSBAND OR WIFE Mrs. Minnie Brodhage | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Mr. Everett Brodhage, 5923 Alpha Ave. | | ADDRESS | |
| MEDICAL CERTIFICATION | | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lv of left hip; Arteriosclerosis ANTECEDENT CAUSES when he fell down the steps at his home on Nov 29 1951 about 6:15 pm. DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) Nov 29 1951 about 6:15 pm. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION accident | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 21a. ACCIDENT (Specify) Accident | |
| 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) at home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 29 51 6:15 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? 69100 | | | |
| 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 Wm. Perry Ruff (Degree or title) | | 23b. ADDRESS 1300 Clark | |
| 23c. DATE SIGNED 12/8/51 | | 24. NAME OF CEMETERY OR CREMATORY New Bethlehem Cemetery | |
| 24a. LOCATION (City, town, or county) (State) St. Louis, Mo. | | 24b. DATE Dec. 10, 1951 | |
| 24c. NAME OF CEMETERY OR CREMATORY St. Louis, Mo. | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. DEC 8 1951 | | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son Inc. ADDRESS 2161 E. Fair Ave. | |

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....

Walter G. Bunsley

Licensed Embalmer No. *4307*

P. O. Address *St. Louis, Mo.*

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.