

RECEIVED SEP 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

29274

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7909		
1. PLACE OF DEATH a. COUNTY 1				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY 2669				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS,		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST.. LOUIS		d. STREET ADDRESS (If rural, give location) 6 4818 PALM ST.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4818 PALM ST.				d. STREET ADDRESS (If rural, give location) 6 4818 PALM ST.				
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) J.		c. (Last) BRODERICK SR.		4. DATE OF DEATH (Month) (Day) (Year) AUG, 19, 1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 7/24/1890		9. AGE (In years) (last birthday) 62	# UNDER 1 YEAR Months Days	# UNDER 24 HRS. Hours Mts.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) PRINTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME THOMAS J. BRODERICK			13b. MOTHER'S MAIDEN NAME MARY CASTIN		14. NAME OF HUSBAND OR WIFE MARY C. BRODERICK			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) YES		16. SOCIAL SECURITY NO. WORLD WAR I #		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS MARY C. BRODERICK 4818 PALM ST				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis - ANTECEDENT CAUSES DUO TO (b) Arteriosclerosis - <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUO TO (c) - II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> -					INTERVAL BETWEEN ONSET AND DEATH 1/2 hour 1 year	
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? 4201
22. I hereby certify that I attended the deceased from July , 19 51 , to August 6 , 19 52 , that I last saw the deceased alive on August 6 , 19 52 , and that death occurred at 4:10 Am. , from the causes and on the date stated above.								
23a. SIGNATURE (Type or Print) Dr. A. G. Heideman & Dr. H. E. Walters				23b. ADDRESS 508 N. Grand Blvd., St. Louis 3, Mo.		23c. DATE SIGNED 8/20/52.		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/21/52	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI			
DATE REC'D BY LOCAL REG. AUG 20, 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT -, CARROLL 4600 NATL BRIDGE				

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

Pa
8430
Walters
Frank. Oliver
meter Bldg.
1-7 30
PM

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 Albert Mayfield

Licensed Embalmer No. 3077

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.