

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44104**

No. 300
10.48

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3261

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>HANLEY HILLS</u>		c. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>HANLEY HILLS, 11280</u>	
c. LENGTH OF STAY (In this place) <u>3 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>7840 BLOOM DRIVE 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7840 BLOOM DR.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MICHAEL</u> b. (Middle) <u>BRODERICK</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC-20-52</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W 2</u>	8. DATE OF BIRTH <u>SEPT-27-1871</u>		9. AGE (In years last birthday) <u>81 YRS</u> # UNDER 1 YEAR Months Days # UNDER 2 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FIREMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Fire Fighter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>IRELAND 4</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Unknown BRODERICK</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Broderick</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES SPANISH WAR</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Hughes</u>		17. ADDRESS <u>7840 Bloom Dr.</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro-vascular accident</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			9-5 yrs
		DUE TO (b) <u>Hypertension</u>			10 years
		DUE TO (c) <u>Arteriosclerosis</u>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiac enlargement (slight)</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.s., 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) m.		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 Dec 19, 1952, to Dec 20, 1952, that I last saw the deceased alive on Dec 19, 1952, and that death occurred at 6 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carol Mankin</u> (Degree or title)		23b. ADDRESS <u>3409 N. Union</u>		23c. DATE SIGNED <u>Dec 20, 1952</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Dec-23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u>		ADDRESS <u>3125 Lafayette</u>	
DATE REC'D BY LOCAL REG. <u>12-22-52</u>		REGISTRAR'S SIGNATURE <u>Hugh R. Danks</u>			

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Joseph Volkmann

Licensed Embalmer No.

4914

P. O. Address

3125 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.