

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26167

FILED JUL 31 1953

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State File No. ....

6313

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2850 S. Jefferson Avenue</b>				d. STREET ADDRESS (If rural, give location) <b>6 5532 Natural Bridge Blvd., 20,</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>FREDERICK</b>		b. (Middle) <b>CLIFTON</b>		c. (Last) <b>BROADHURST</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 23rd, 1953</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 4th, 1902</b>		9. AGE (In years last birthday) <b>51</b> If under 1 year: Months _____ Days _____ If under 12 hrs. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Facker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Fischer Scientific</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Co. Drexel, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Rush Broadhurst</b>		13b. MOTHER'S MAIDEN NAME <b>Ora N. Davis</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Elizabeth Broadhurst</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna E. Broadhurst; 5532 Natural Bridge Bl</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heat Stroke</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Sclerosis</b>  DUE TO (c) _____  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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E 9310</b>			
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 <b>201 P. m.</b> , from the causes and on the date stated above. <b>22</b>							
23a. SIGNATURE (Name or title) <b>Patric E. Taylor</b>				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>6-23-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal-Hall</b>		24b. DATE <b>6/25/53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sharon Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Drexel, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>JUN 24 1953</b>		REGISTRAR'S SIGNATURE <b>Calvin F. Feutz</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CALVIN F. FEUTZ, 4828 Natural Bridge Blvd.</b>			

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 Ralph E. Linders

Licensed Embalmer No. 4775

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.