

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-041334
STATE FILE NUMBER
10900

FILED NOV 20 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1031 Sells Ave.,		Length of stay in lb 10890	d. STREET ADDRESS 1031 Sells (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOSEPH Middle A. Last BRODERICK			4. DATE OF DEATH Month November Day 12th , Year 1958		
---	--	--	--	--	--

5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 18, 1887	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
-----------------------	----------------------------------	---	---	--	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired Lawyer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
--	-----------------------------------	---	--

13a. FATHER'S NAME not known	13b. MOTHER'S MAIDEN NAME not known	14. NAME OF HUSBAND OR WIFE not known
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Angeline Mueller, 1031 Sells	Address
---	-------------------------	--	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 1 year
DUE TO (b) not known		
DUE TO (c) Doctors 422.2		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholangitis, Chronic nephritis.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
---	---

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ✓	20e. CITY, TOWN, OR LOCATION ✓	COUNTY ✓	STATE ✓
---	--	--	--------------------	-------------------

21. I attended the deceased from Nov. 11 58 to Nov 12 58 and last saw her alive on Nov 12 58 Death occurred at 2:00 am m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE H. F. Miller M.D.	(Degree or title)	22b. ADDRESS 8x10 N. Broadway	22c. DATE SIGNED 11-13-58
--	-------------------	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 11/14/58	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.
---	------------------------------	--	--

24. FUNERAL DIRECTOR Diedrich F. Home 8319 Hallsferry	ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 13 58	26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.
---	---------	--	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

ALL ANSWERS IN Part I must be causally related.

Initials

x

of the

in

of the

x

of the

of the

of the

of the

of the

x

of the

x

of the

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 _____
Signature of Student Embalmer

Signed Elton H. Penelver

Licensed Embalmer No. 4283
P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.