MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

SUPPLEMENTARY 791 1003

File No. 8050

Registered No. 1476

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis, Mo. (No. City Infirmary. St. ..... Ward)

2. FULL NAME Luke Broder

(a) Residence, No. 5800 Arsenal St. St., 13 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. ? mos. ? ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Bridget Broder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Abt. 1867

7. AGE: Abt. 69 YEARS; MONTHS ?; DAYS ?; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Blacksmith 94

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ? Ireland 15

FATHER

13. NAME: John Broder 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Helen Logan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Rose Colvin 5800 Arsenal St.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE: CALVARY CEMETERY DATE: FEB. 3, 1937

19. UNDERTAKER (ADDRESS): Goodhart & Goodhart 2228 St. Louis Ave

20. FILED: FEB 2 - 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 23, 1936 to Jan. 30, 1937

I last saw him alive on Jan. 30, 1937 Death is said to have occurred on the date stated above, at 2:00 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia, rt. — Date of onset

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Other contributory causes of importance:

Chronic myocarditis

Hemiplegia old, left Result of Cerebral Hemorrhage

Name of operation ..... Date of

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) L. G. Pray, M. D.

(Address) 5600 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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