

1939 APR 12 1939

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

8830
Do not use this space.

791
1003

Registered No. 2595

1. PLACE OF DEATH

(a) County..... 3 Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City or St. Louis, Mo. 1 (d) Street No. 3400 S. Grand Avenue St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mr. Charles J. Broden

(a) Residence, No. 746 S. 3rd Street St. 22 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24th, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator Operator
9. Industry or business in which work was done, as saw mill, bank, etc. City Hospital
10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Illinois

13. NAME Charles Broden

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Flint

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Mrs. Rose Bopp (ADDRESS) 2024 G. Fair

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE 3/20/39

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc. (ADDRESS) 1936 St. Louis Avenue

20. FILED MAR 19 1939 J. E. Broden Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 14 to March 17, 1939

I last saw him alive on March 14, 1939. Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Cerebral Haemorrhage

Other contributory causes of importance: Arterio Sclerosis 1937

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) M. D.

(Address) Mrs. C. Bopp

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.

Mr. E. P. Buddy
Univ. Club Bldg

1-3

202500

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Felix J. Krupnik*

Licensed Embalmer No..... *3497*

P. O. Address..... *1936 Sh Lane*

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, above space should be left blank.