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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB JUL 17 1940

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20500

Primary Registration District No. 1003

Registrar's No. 5448

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County City of St. Louis
(c) City or town (If outside city or town limits write "RURAL")
(d) Street No. 1411a Clinton St. 26 (If rural, give location)
(e) If foreign born, how long in U. S.? years

3. (a) PRINT FULL NAME Charles Brodhage 632

3. (b) If veteran, name war World War

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Agnes Toolex

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased 4-12-1890 (Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Nashville, Illinois (City, town, or county) (State or foreign country)

10. Usual occupation Clerk, WPA.

11. Industry or business WPA

FATHER
12. Name John Brodhage
13. Birthplace Illinois (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie - unknown
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Charles Brodhage, Jr.
(b) Address 2407 Hadley St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Nat'l Cemetery, J.B.

18. (a) Signature of funeral director Sullivan Bros. Und.
(b) Address 2849 North Euclid Ave.

19. (a) JUL 25 1940 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 24 year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral Apoplexy
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Mo.,
While at work? (Specify type of place) (e) Means of injury

23. Signature Joseph McLoughlin (M. D. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Albert Mayfield

Licensed Embalmer No. 2677

P. O. Address.....

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.