

FILED FEB 24 1941

1003

Registration District No.

Primary Registration District No.

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:  
Homer G. Phillips Hospital D  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 1 week (Specify whether  
In this community. 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County.....  
(c) City or town..... St. Louis, (If outside city or town limits, write "RURAL")  
(d) Street No. 822 N. Theresa D (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9,  
year 1942 hour 10 minute 55 A. M.  
21. I hereby certify that I attended the deceased from January 2,  
1942 to January 9, 1942  
that I last saw him alive on January 9, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Bronchopneumonia Duration 1 week

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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature J. F. Reed (M. D. or other)  
Address 2601 Whittier Date signed 7-9-42

(Licensed Embalmer's Statement on Reverse Side)

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

3. (a) PRINT FULL NAME George Broady

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced, divorced

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

7. Birth date of deceased Sept 1 1883 (Month) (Day) (Year)

8. AGE: Years 58 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Ark 1 (City, town, or county) (State or foreign country)

10. Usual occupation Label

11. Industry or business.....

MOTHER FATHER { 12. Name Beal Broady

13. Birthplace Ark 1 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Pinkie White

(b) Address 822 N. Theresa

17. (a) Burial (b) Date thereof 7-13-42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood care

18. (a) Signature of funeral director J. A. Green

(b) Address 2915 Phillips Ave.

19. (a) JAN 12 1941 (b) J. F. Reed (Date received local registrar) (Registrar's signature)

**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.....

*J. A. Green*

Licensed Embalmer No. *2963*

P. O. Address. *2915 Franklin*

**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.**