

V. S. No. 2
FORM-5-43
Rev. 5-17-39
1 X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26105**
Registrar's No. **7541**

FILED SEP 8 1944
Registration District No. **378**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Margaret Broadhead

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Charles Broadhead 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Jan. 21st, 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Rueben Carrico

13. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Betts

15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Broadhead

(b) Address 4332 Penrose St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-1-44
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Provost Und. Co.

(b) Address 3710 N. Grand Blvd.

19. (a) AUG 31 1944 (Date received local registrar) J. J. Braebeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4332 Penrose St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30th.
year 1944 hour 3.14 minute A. M.

21. I hereby certify that I attended the deceased from Aug 27, 1944 to Aug 30, 1944
that I last saw her alive on Aug 29, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cerebral Hemorrhage 8 da.

Due to _____

Due to Arterio-sclerosis of artery.

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations None, JH

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence 3

(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)

(c) Means of injury 0

23. Signature R. V. Bigler (M. D. or other) _____
Address 415 S. Newstead Date signed 8-44

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 Robert L Brunkman
Licensed Embalmer No. 3553
P. O. Address St. Louis Mo

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.