V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 22 1944 218

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 35702

Registrar's No. 9542

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:
Deaconess Hosp
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis

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

(d) Street No. 7608 Jerome Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME James Broderick

3. (b) If veteran, name war No

3. (c) Social Security No. 489-14-5015

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 25 (Day) 1886 (Year)

8. AGE: Years 57 Months 11 Days 13 If less than one day hr. min.

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

10. Usual occupation Maintanence Man

11. Industry or business Big Bend Quarry Co

FATHER
12. Name James Broderick
13. Birthplace England (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ottilia Rollbans
15. Birthplace Pennsylvaina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Tillie Fuller
(b) Address 5348a Bancroft Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 11 (Day) 44 (Year)
(c) Place: burial or cremation New St. Peter Paul Cem

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So Kingshighway

19. (a) NOV 10 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 8
year 1944 hour 4 minute .02 P.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
1. Fracture of Skull Subarachnoid of Brain when he was pulled onto a flywheel while
Due to ailing sane at the Big Bend Quarry Company, Wall and Linda Ave. Maplewood
Due to Missouri around 9:00 A.M. Oct. 20 1944

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Accident
(b) Date of occurrence Nov. 8. 1944
(c) Where did injury occur? Maplewood (City or town) St Louis County (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Work
(Specify type of place)
While at work? (e) Means of injury as above

23. Signature Alfred J Perry (M. D. or other)
Address Ripley Tenn Date signed 11/10/44

444

(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.....

Licensed Embalmer No.....3024.....

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, fact should be so stated above.