

FILED JUN 6 1946 318

1003

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County: St. Louis
(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: Hornes & Phillip Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 22 days
(Specify whether)

In this community _____ years, months or days

3. (a) PRINT FULL NAME: Lee Broxton

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

4. Sex: M 5. Color or race: B 6. (a) Single, widowed, married, divorced: M

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

7. Birth date of deceased: July 4 1872
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 19 If less than one day hr. min.

9. Birthplace: Apex Mo
(City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: _____

12. Name: Phillip Broxton

13. Birthplace: Boonville Mo
(City, town, or county) (State or foreign country)

14. Maiden name: Lucy Deans

15. Birthplace: Linds Mo
(City, town, or county) (State or foreign country)

16. (a) Informant: James Broxton

(b) Address: Elberny Mo

17. (a) Burial, cremation, or removal: Burial (b) Date thereof: May 26-46
(Month) (Day) (Year)

(c) Place: burial or cremation: Elberny Mo

18. (a) Signature of funeral director: W. W. Bradley

(b) Address: Elberny

19. (a) MAY 26 1946 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: St. Louis
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1406 N 22nd Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 21
year: 1946 hour: 10 minute: 30 A.M.

21. I hereby certify that I attended the deceased from April 29 1946 to May 21 1946

that I last saw him alive on May 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Retro-Peritoneal Tumor
malignant

Due to: _____

Due to: _____

Other conditions: None
(include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: No

Duration: Unk

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: A. A. Griffin (M. D. or other) 5/22/46
Address: 2601 N Whittier Date signed: _____

JAN 19 1961

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..... *W. H. Bradley*.....
Licensed Embalmer No. *3966*.....
P. O. Address..... *Elk River*.....

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.

Registration District No. 218 Primary Registration District No. 1003

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:

(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

Lee Broxton

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m

5. Color or race B

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

6. (b) Name of husband or wife (Wife)

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

7. Birth date of deceased: July (Month) 4 (Day) 1946 (Year)

8. AGE: 72 Years 1 Months 10 Days

If less than one day _____ hr. _____ min.

9. Birthplace Mo

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal)

(b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar)

(b) J. F. Brudeck
(Registrar's signature)
JUN 25 1946

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Duration _____

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 _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

18208

MAY 19 1953