

S. No. 2
DM-5-43
v. 5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31356

State File No. _____

FILED OCT 7 1946
Registration District No. 377798

Primary Registration District No. 6076

Registrar's No. 2024

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

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3203 Wisemer Road
(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 Missouri (b) County St. Louis 96
 (c) City or town Overland 13
(If outside city or town limits, write "RURAL")
 (d) Street No. 3203 Wisemer Road 1
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Charles Broadhead
 3. (b) If veteran, name war None
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27, 1946
 year 4 hour 30 minute P M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Margaret Broadhead
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased November 12, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 30, 1946 to Sept. 27, 1946
 that I last saw him alive on Sept. 27, 1946
 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>10</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death Organic Heart Disease
 Due to _____ 10 yrs.
 Due to _____ 950
 Other conditions _____
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business Retired 5 years

12. Name Unknown 9
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Louise Glynn
 (b) Address 3203 Wisemer Road
 17. (a) Burial (b) Date thereof Sept 30, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery
 18. (a) Signature of funeral director Shepard Funeral Home
 (b) Address 1167 Hamilton Avenue.
 19. (a) 10-1-46 (b) Emilio J. ...
(Date received local registrar) (Registrar's signature)

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 A. S. ... (M. D. or other) MD
 Address 9324 Millwood Date signed 9-27-46

DEC 2 1948

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 John Agnoski
Licensed Embalmer No. 3398

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.