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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 3 1948
Registration District No. 37

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 7359
Registrar's No. 497

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Affton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8550 New Hampshire Ave
(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 Affton 0
(If outside city or town limits, write "RURAL")
(d) Street No. 8550 New Hampshire Ave 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Frank Broadbent
3. (b) If veteran, name war ****** 3. (c) Social Security No. *******
4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Broadbent 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased April 8th, 1888 (Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 13 If less than one day ..... hr. ..... min. 0
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business Pullman Co
FATHER
12. Name John Englewood
13. Birthplace ..... (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Emma Gentsche Eng
15. Birthplace 8550 New Hampshire Ave (City, town, or county) (State or foreign country)
16. (a) Informant Mary Broadbent
(b) Address 8550 New Hampshire Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cemetery
18. (a) Signature of funeral director Jeg Arkeen Bros
(b) Address 6409 Gravois Ave
19. (a) 2-23-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21st day February year 1948 hour 4:00 minute Am. M.
21. I hereby certify that I attended the deceased from 7-25-47, 19....., to 2-21-48 that I last saw him alive on 2-20-48 and that death occurred on the date and hour stated above.

Immediate cause of death Empyema Myocarditis - Ch. Ch. Nephritis — Duration 1 wk.
Due to .....
Due to .....
Other conditions ..... (Include pregnancy within 3 months of death)
Major findings: Of operations .....
Of autopsy .....

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PHYSICIAN
Underline the cause of 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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address 7602 S Brody Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 12 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 Homer H. Fritz

Licensed Embalmer No. 3882

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.