URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-033612

FILED VS SEP 29 1959

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 8526 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN -------
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN Mg. St. Louis
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 1809 SN. Grand Jeffersona St. (If outside, give location)
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Fred W. Middle Broening Last
4. DATE OF DEATH Month 9 Day 15 Year 59

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Mar. 7, 1877
9. AGE (last birthday) 82
IF UNDER 1 YEAR Months Days; IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Packer SVB
10b. KIND OF BUSINESS OR INDUSTRY Dept. Store
11. BIRTHPLACE (City and state or country) Illinois
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Max Broening
13b. MOTHER'S MAIDEN NAME Julia Wagner
14. NAME OF HUSBAND OR WIFE Gertrude

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 480-03-2294
17. INFORMANT Gertrude Broening, 1809 N. Jefferson Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH 10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last — DUE TO (b) arteriosclerosis
DUE TO (c) 331x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Post op gastrostomy for esophageal stricture; fracture rt hip
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

OK Joseph M. Zelle M.D. 1/6/59

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at Firmin Desloge Hospital
20c. TIME OF INJURY Hour ? a.m. p.m. Month, Day, Year 8-24-59
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 185 Hospital
20f. CITY, TOWN, OR LOCATION St. Louis COUNTY STATE Mo.

21. I attended the deceased from Sept 9, to Sept 15 and last saw her/him alive on Sept 14
Death occurred at 8 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond B. Slaven (Degree or title) M.D.
22b. ADDRESS Firmin Desloge Hosp. St Louis Mo
22c. DATE SIGNED Sept 15, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/18/59
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) St. Louis, Mo. (State)

24. FUNERAL DIRECTOR Robert D. Kinealy ADDRESS 2228 St. Louis Av.
25. DATE RECD. BY LOCAL REG. SEP 16 '59
26. REGISTRAR'S SIGNATURE Earl Smith, M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed V E Morris

Signature of Student Embalmer

Licensed Embalmer No. 336

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.