

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH -61-010511

AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3133 STATE FILE NUMBER

FILED APR 14 1961

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST LOUIS, Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST LUKE'S HOSPITAL Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MISSOURI COUNTY ST LOUIS,
 c. CITY OR TOWN BISSELL HILLS Inside Limits Yes No
 d. STREET ADDRESS 10512 DRUID DR. (If outside, give location) Residence on Farm Yes No

3. NAME OF DECEASED (Type or print) First WILLIAM Middle J. Last BRODERICK 4. DATE OF DEATH Month APRIL Day 3, Year 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10/25/1895 9. AGE (last birthday) 65 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) RETIRED CHAUFFEUR 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME THOMAS BRODERICK 13b. MOTHER'S MAIDEN NAME MARY CASTIN 14. NAME OF HUSBAND OR WIFE EMMA BRODERICK

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. # 17. INFORMANT EMMA BRODERICK Address 10512 DRUID DR.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Carcinoma of liver (BILE DUCTS) INTERVAL BETWEEN ONSET AND DEATH 3 mo
 DUE TO (b) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 1551
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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.) _____

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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.) _____ 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from Feb 1st 1961 to April 2nd 1961 and last saw him alive on April 2nd 1961
 Death occurred at _____ a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Decree or title) Alvah G. Erdeman M.D. 22b. ADDRESS 508 N Grand 22c. DATE SIGNED 4-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 4/6/61 23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY 23d. LOCATION (City, town, or county) (State) ST LOUIS MISSOURI

24. FUNERAL DIRECTOR STROOT - CARROLL ADDRESS 4600 NATURAL BRIDGE 25. DATE RECD. BY LOCAL REG. ADD 3 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

*Dr. H. H. ...
502 no Grand
Je 1-7-878
✓ to ✓*

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed M W Rueter

Licensed Embalmer No. 4865

P. O. Address St Louis

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

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

[Handwritten scribbles]