JAN 10 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

43114
Do not use this space.

Registration District No. 791 2/1

Primary Registration District No. 1003

Registered No. 11364

1. PLACE OF DEATH

(a) County

(b) Township

(c) City St Louis, Mo.

(d) Street No. 4208, Finney Ave, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Broomfield.

(a) Residence, No. 4208, Finney Ave, St. 11
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Delia Broomfield,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 th, 1872.

7. AGE: Years 65 | Months 4 | Days ~~XX~~ 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laundry-Stock

9. Industry or business in which work was done, as saw mill, bank, etc. keeper, Pullman Co.,

10. Date deceased last worked at this occupation (month and year) Nov 1937.

11. Total time (years) spent in this occupation 23, Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savanah, Missouri.

FATHER

13. NAME LeVi Broomfield,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know Dont Know.

MOTHER

15. MAIDEN NAME Louise Powell,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Savanah, Missouri.

17. INFORMANT Delia Broomfield
(ADDRESS) 4208, Finney Ave, St Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cemetery DATE 12/11/ 1937

19. FUNERAL DIRECTOR Lee J. Sneed & Co,
(ADDRESS) 2812, Thomas, St, St Louis, Mo.

20. FILED DEC 10 1937 J. H. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 6 th, 1937.

22. I HEREBY CERTIFY, That I attended deceased from May 1937, to Dec 6 1937

I last saw h. alive on Dec 6 1937 Death is said to have occurred on the date stated above, at 5 P.M.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis (?)

Date of onset

Other contributory causes of importance:

Arteriosclerosis (?)

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) W. J. Curtis, M. D.

(Address) .....

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, R. C. Houston Jr., Licensed Embalmer No. 2266.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. R. C. Houston Jr.

No. 2266 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed R. C. Houston Jr.

Licensed Embalmer No. 2266.

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