

REC'D MAR 14 1938

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

5149

Do not use this space.

1794

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City St. Louis. (d) Street No. 758 Goodfellow 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

Mary Broderick. 636  
 (a) Residence, No. 758 Goodfellow Ave. St. **5** (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Patrick Broderick.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 17, 1865</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>2</u>
	DAYS <u>1</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	5
	13. NAME <u>Eugene McCaffery.</u>	5
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	5
MOTHER	15. MAIDEN NAME <u>Catherine Keenan.</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT <u>Miss Catherine E. Broderick</u> (ADDRESS) <u>758 Goodfellow Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Feb. 21, 1938</u>		
19. FUNERAL DIRECTOR <u>Arthur J. Donnelly.</u> (ADDRESS) <u>3840 Lindell Blvd.</u>		
20. FILED <u>FEB 29 1938</u> <u>J. H. Broderick</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Feb - 18</u> 19 <u>38</u>
22. I HEREBY CERTIFY That I attended deceased from <u>Jan - 1 - 1938</u> to <u>Feb - 18 - 1938</u> I last saw her alive on <u>Feb - 18 - 1938</u> Death is said to have occurred on the date stated above, at <u>8:55 P. M.</u> The principal cause of death and related causes of importance were as follows: <u>Apoplexy</u> <u>92 C</u> Date of onset <u>1-1-38</u>
Other contributory causes of importance: <u>Ch. Hypertension &amp; Cord. Vascul. Disease with Hypertension</u> <u>1-1-38</u>
Name of operation <u>None</u> Date of _____ What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>W. J. Raudonck</u> M. D. Address <u>4390 W Pine 730</u>

(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.

4390  
12-3  
OK

**STATEMENT BY LICENSED EMBALMER**

I, W. Vanmatre, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed W. Vanmatre

Licensed Embalmer No. 2825

**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.)**