

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4229a Labadie 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

3. (a) PRINT FULL NAME Emma A. Broughton.

3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Married.
6. (b) Name of husband or wife Wife. 6. (c) Age of husband or wife if alive 65 years
John Broughton.
7. Birth date of deceased Oct. 20th. 1874.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>3</u>	<u>29</u>	hr. _____ min.

9. Birthplace St. Louis. Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Casper Niehoff.

18. Birthplace Germany.
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Pelster.

15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant John Broughton

(b) Address 4229a Labadie Ave.

17. (a) Burial. (b) Date thereof 2-22-40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Church

18. (a) Signature of funeral director H. Leidner and Co.

(b) Address 1417 N. Market St.

19. (a) FEB 20 1940 (b) _____
(Date received for registration) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____
(c) City or town St. Louis. 10
(If outside city or town limit, write "RURAL")
(d) Street No. 4229a Labadie Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19th
year 1940 hour 8 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 2/12/1940
_____, 19____, to 2/19/40, 19____;
that I last saw her alive on 2/19/40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Acute Regurgitation
Chronic

Due to 2. nephritis chronic

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to 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?

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature John M. Bradley (M. D. or other) _____
Address 4425 Washington Date signed 2/20/40

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

MOTHER FATHER

J.M. Bradley
H 4125 Washington Ave
Jan 6 7 46 - 1-3 P.M.

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 L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Ave

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, above space should be left blank.