

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16509**
Registrar's No. **4027**

Registration District No. **791**

Primary Registration District No. **1003**

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:
4213a St. Louis 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 George William Broomfield

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

4. Sex Male / 5. Color or race W. 6. (a) Single, widowed, married, divorced Wid.

6. (b) Name of husband or wife Clara Broomfield 6. (c) Age of husband or wife if alive Deed years

7. Birth date of deceased Sept. 15th. 1864
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>7</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Retired Fireman

11. Industry or business St. Louis City Fire Dept.

12. Name William James Broomfield

13. Birthplace Scotland
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

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

16. (a) Informant's own signature Ethel Diebler

(b) Address 4213a St. Louis Ave.

17. (a) Burial (b) Date thereof 5-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Provat Uud Co.

(b) Address 3710 N. Grand Blvd.

19. MAY 13 1941 (Date received local registrar) (b) J. T. Brudick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 110
(If outside city or town limits, write "RURAL")
(d) Street No. 4213a St. Louis Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th.
year 1941 hour 8.45 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from Oct 1
_____, 1939 to May 10, 1941
that I last saw him alive on May 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs.

Due to _____
Due to _____
Other conditions Bronchial Asthma 2 Mo.
(Include pregnancy within 3 months of death)

Major findings: 93
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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 W. Whopman (M. D. or other) _____
Address 8321 N. Broadway Date signed 5/13/41

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

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.

S. J. Church
8321 71. Broadway
10-12
Rm. 7832

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 me

....., Registered Apprentice No.....
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.