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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33965
Registrar's No. 8860

Registration District No. 318 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: En route to City Hosp.
305 XXXXXXX Street
(If not in hospital or institution, write street number or location) 3
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 79 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 305 Lucas Street 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRY BROUGHTON
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 10th
year 1948 hour 8:45 minute AM
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
(b) Name of husband or wife Mary Broughton
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased October 24, 1868
(Month) (Day) (Year)

Immediate cause of death Megenteric Thrombosis; Chronic hypertrophis myo-
carditis.
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
79 11 16 hr. _____ min. _____
9. Birthplace Black Jack, Missouri
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Farmer
11. Industry or business _____
12. Name Edward Broughton
13. Birthplace England
(City, town, or county) (State or foreign country)
14. Maiden name Emma Smith
15. Birthplace Rhode Island
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Robert Humpert
(b) Address 43 Larimore Road, Spanish Lake
17. (a) Burial (b) Date thereof 10-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Black Jack Cemetery
W.A. Slack
18. (a) Signature of funeral director W.A. Slack
(b) Address 2117 East Grand Blvd.
19. (a) OCT 13 1948
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) _____
While at work? _____ (e) Means of injury 3
23. Signature Patrick E Taylor (M.D. or other) Dep Car
Address 1300 Clark Date Signed 10-13-48

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

MOTHER FATHER

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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, fact should be so stated above.