FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9848

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2198

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Home - 2609 S. Grand

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 2609 S. Grand Blvd.

3. NAME OF DECEASED (Type or Print) a. (First) Thomas H. Broughton b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) March 8, 1949

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 7, 1876
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? American

13a. FATHER'S NAME Thomas Broughton
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Nancy Montgomery Broughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 496-14-3297
17. INFORMANT'S SIGNATURE OR NAME John M. Schneeberger ADDRESS 3716 Grove Pine

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES Chr. Myocarditis — ?

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 93

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS 422

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1, 1949, *to* Mar. 8, 1949, *that I last saw the deceased alive on* 3-7, 1949, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Edward J. Kelbring (Degree or title) MD
23b. ADDRESS 3903 Olive St. Louis 8
23c. DATE SIGNED 3-8-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/10/49
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem
24d. LOCATION (City, town, or county) (State) St. LOUIS COUNTY? MO.

DATE REC'D BY LOCAL REG. MAR 9 1949
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE PASCHEDAG HENKE - ADDRESS 2825 W Grand

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____, Student Embalmer No. _____ working under my personal supervision.

Student ..... Student Embalmer

Signed Elmo R Sadwell

Licensed Embalmer No. 4077

P. O. Address _____

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

If this body is not embalmed, fact should be so stated above.