

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35949

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3395

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>2199</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BALLWIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>19</u> OR <u>St Louis</u>	
c. LENGTH OF STAY (in this place) <u>1 yr</u>		d. STREET ADDRESS (If rural, give location) <u>3539 WEST MINISTER</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PINE CREST NUR. HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE MAY</u> b. (Middle) <u>ELLIOTT</u> c. (Last) <u>BROADWELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10-9-51</u>	
5. SEX <u>FEM</u>	6. COLOR OR RACE <u>Whi.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>8-19-1876</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	11. BIRTHPLACE (State or foreign country) <u>CINN. Ohio</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JAMES HERBERT</u>	

13b. MOTHER'S MAIDEN NAME <u>MARY UNK.</u>		14. NAME OF HUSBAND OR WIFE <u>WM. P. BROADWELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss VIRGINIA ELLIOTT</u> ADDRESS <u>3400 TEXAS</u>			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio Sclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) <u>Sclerosis of Liver</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Sept 5, 1951, to Oct 9, 1951, that I last saw the deceased alive on Oct 6, 1951, and that death occurred at 8:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. J. Jensen M.D.</u>		23b. ADDRESS <u>Manchester Mo</u>		23c. DATE SIGNED <u>10/9/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REM. VIA Motor</u>		24b. DATE <u>10-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BELLEFONTAINE</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>10-11-51</u>		REGISTRAR'S SIGNATURE <u>R. Rombe MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schuur</u> ADDRESS <u>3125 Lafayette</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Joseph B. Wallman

Licensed Embalmer No. *46014*

P. O. Address *3125 Daffney Dr*

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.