

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-047092

Registration District No. 317 Primary Registration District No. 546 Registrar's No. 3510

STATE FILE NUMBER

AMENDED

FILED DEC 2 1961

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Overland		c. CITY OR TOWN St. Louis	
Length of stay in 1b WKS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9601 Lackland Rd.		d. STREET ADDRESS (If outside, give location) 924 Benton St.	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Addie Middle M. Last Broughal			4. DATE OF DEATH Month 12 Day 9 Year 61			
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5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/15/88	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Centralia Ill.	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME James S. Fitzgerald	13b. MOTHER'S MAIDEN NAME Mattie Eberts	14. NAME OF HUSBAND OR WIFE Dennis Broughal
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ?	17. INFORMANT Address Mrs. Ruby Fitzgerald 5960 Kennerly
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular accident -		INTERVAL BETWEEN ONSET AND DEATH 240
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Multiple cerebral emboli -	
	DUE TO (c) Unknown	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 10-9-61 to 12-9-61 and last saw her alive on 12-4-61 Death occurred at 10 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Jud. G. Coats, D.D.	22b. ADDRESS 9553 Lackland Rd	22c. DATE SIGNED 12-11-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/13/61	23c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	23d. LOCATION (City, town, or county) (State) Centralia Ill
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24. FUNERAL DIRECTOR ADDRESS Robert D. Kinealy 2228 St. Louis Ave.	25. DATE RECD. BY LOCAL REG. 12-11-61	26. REGISTRAR'S SIGNATURE John B. Murphy M.D.
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

ITEM NO. SHOULD READ

9553 Lockland Rd
Cincinnati

STATE OF OHIO

FEB 20 1962

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 _____
Signature of Student Embalmer

Signed Herbert J. Lon Jr.
Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 Mo

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.