

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.
20490

1. PLACE OF DEATH
 County..... St. Louis Registration District No. 785
 Township..... Kirkwood Primary Registration District No. 3037
 City..... Kirkwood (No. 240 N. Argyonne Dr.) St. _____ Ward)
 2. FULL NAME Corneilia N. Brossard
 (a) Residence, No. 240 N. Argyonne Dr. St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED
 -HUSBAND OF
 (OR) WIFE OF Peter Brossard
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23, 1848
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 6 21 =
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House work
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 10. NAME OF FATHER Ased Rising
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Sophie. Chlman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Ambrose Brossard
 (Address) 240 N. Argyonne Kirkwood Mo
 15. FILED 7/8, 1930 P. E. Cameron D
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 14, 1930
 17. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1930, to June 14, 1930
 that I last saw her alive on June 14, 1930, and that death occurred, on the date stated above, at 3:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
mitral stenosis
92 P
162
 (duration) 2 yrs - mos - ds.

CONTRIBUTORY Senility
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT A PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? no DATE OF.....
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Pierre Brossard M. D.
6-14-1930 (Address) 770 Cambridge Maplewood Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Oak Hill Cemetery June 16, 1930
 20. UNDERTAKER ADDRESS
Louis H Bopp Kirkwood
Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

