

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

Do not use this space.

MAR 28 1935

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City St. Louis (No. 2138 Crescent Ave.)

Registration District No. 789  
Primary Registration District No. 6033

File No. 6743  
Registered No. 45  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lillian Broderick

(a) Residence, No. 2138 Crescent Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
47      2      16

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME Thomas Broderick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Mary Costin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

17. INFORMANT (ADDRESS) Mrs. Margaret O'Dowd  
2138 Crescent Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE 2-12-35

19. UNDERTAKER Geo. E. Mahler

(ADDRESS) 4725 St. Louis Ave

20. FILED 2-11- 19 35 W. A. B. ... Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/9/1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:45 PM

The principal cause of death and related causes of importance were as follows:

Suicide, found in bath room, by sister, where she drank quarter pound bottle of phenol mixture, known as Hygiene W., put out by Walgreen Drug Co. Face, mouth, tongue, esophagus and stomach completely escharosed by the action of phenol; also both lungs by the

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in \_\_\_\_\_, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_

(Address) 3718 Jimmy Rd., M. D.

Wm. J. ...

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

62

32

86

0

aspiration of the phenol mixture.  
Secondary. Phenol poisoning.