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.

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

Do not use this space.

7493

MAR 25 1936

1. PLACE OF DEATH
County St. Louis — Registration District No. 786 — File No.
Township Jefferson — Primary Registration District No. 4469 — Registered No. 13
City Maplewood (No. 7608, Jerome St. Ward)

2. FULL NAME Ottillie Broderick
(a) Residence, No. 7608 Jerome St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1856

7. AGE: About — YEARS: 79 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Pittsburg Penna

FATHER
13. NAME George Rolhaus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) James Broderick 7608 Jerome

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matthew's Cem DATE 2/24 1936

19. UNDERTAKER (ADDRESS) Croghan Und. Co. Inc 7146 Manchester Ave

20. FILED Mar 10 1936 Pauline Breitenstein
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, to Feb 20, 1936
I last saw her alive on Feb 20, 1936 Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes Mellitus	

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Other contributory causes of importance:
General arteriosclerosis

Name of operation none Date of
What test confirmed diagnosis? Physical findings Was there an autopsy?

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 industry, 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? no
If so, specify
(Signed) Vincent F Townsend, M. D.
(Address) 3101 E Sutton Ave Maplewood Mo