

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**

41068  
Do not use this space.

**1. PLACE OF DEATH**

(a) County St. Louis Mo Registration District No. 1008  
 (b) Township St. Louis Mo Primary Registration District No. 1008  
 (c) City St. Louis Mo (d) Street No. 1439 1/2 No 24th Registered No. 10760  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 1439 1/2 No 24th St. 21 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Rotchford  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-11-1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 10 2  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. He was  
 9. Industry or business in which work was done, as saw mill, bank, etc. He was  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1938  
 22. I HEREBY CERTIFY, that I attended deceased from Dec 1 1938 to Dec 13 1938, 1938  
 I last saw him alive on Dec 12 1938, 1938. Death is said to have occurred on the date stated above, at 3:20 p. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis with intracardiac thrombosis upon compressed heart  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Chronic Hypertension acute vasculopathy

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo  
 FATHER 13. NAME John Broderick  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland  
 MOTHER 15. MAIDEN NAME Mary Broderick  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Mrs. A. Kleinheffer  
 (ADDRESS) 4772 Colburne Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calmey DATE 12/16 38

19. FUNERAL DIRECTOR S. Sullivan  
 (ADDRESS) 2845 No. Euclid

20. FILED DEC 14 1938 Job Broderick  
 (Local Registrar)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) A. P. O'Keefe M. D.  
 (Address) 2206 Howard St

STATEMENT BY LICENSED EMBALMER

I, Bryan H. Sullivan, Licensed Embalmer No. 2930  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed Bryan H. Sullivan  
Licensed Embalmer No. 2930

**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.)**