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FILED MAR 20 1944 18

Registration District No.

Primary Registration District No.

1003

State File No.

Registrar's No.

2348

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town _____
(c) Name of hospital or institution: 1627 Chestnut
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Elsie Broyles

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color 3 Cbr 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife Henry Broyles 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 8 Jan 1867
(Month) (Day) (Year)

8. AGE: 76 Years 6 Months 26 Days
77 1867 8 26
If less than one day hr. _____ min.

9. Birthplace Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

MOTHER FATHER
12. Name Unknown
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Estelle, Blackman,
15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Mary, Blackman

(b) Address 1627 a Bl Chesnut St

17. (a) Burial (b) Date thereof 31/II/1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park, Cemetery

18. (a) Signature of funeral director Atkins, Bro-Undertaker
(b) Address 3644. Finney Ave

19. (a) MAR 10 1944 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town St Louis Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1627 Chestnut street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7
year 1944 hour 11 30 minute _____ P. M.
21. I hereby certify that I attended the deceased from 2-26-44
to 3-7-44
that I last saw her alive on 3-6-44
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis
Duration _____

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 131
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Dr Edward Bell, M.D. (M. D. or other)
Address 29013 Laclade Ave Date signed 3-9-44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

.0110

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

Registered Apprentice No. _____

working under my personal supervision.

Signed Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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 this body is not embalmed, fact should be so stated above.