

FILED MAY 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15110**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 953

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Normandy</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2079</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>5022 Emerson Avenue</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MRS. MARY</u>	b. (Middle) <u>BROUGHTON</u>	c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>April 11, 1951</u>
-------------------------------------	-----------------------------	------------------------------	-----------------	----------------------------------------------------------------

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 17, 1872</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 MIN. Hours _____	IF UNDER 1 MIN. Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Tolddo, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Charles Morrison,</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Carroll,</u>	14. NAME OF HUSBAND OR WIFE <u>Harry Broughton, Deceased</u>
---------------------------------------------	------------------------------------------------	--------------------------------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Robt. Humpert,</u>	ADDRESS <u>5022 Emerson Avenue</u>
--------------------------------------------------------------------------------------------------------------------	-------------------------------------	--------------------------------------------------------------	------------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		<u>1 day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Cardio-vascular disease</u> DUE TO (c) _____		<u>5 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Healed fracture right hip (3 yrs)</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>422d - 1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--------------------------------------------------	----------------------------------------------------------------------------------

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
------------------------------------------------	------------------------------------------------------------------------------------------------	-------------------------------------------------------

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
------------------------------------------------------------	--------------------------------------------------------------------------------------------------------	----------------------------------

22. I hereby certify that I attended the deceased from Dec 12, 1949 to April 11, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 8:15 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)	23b. ADDRESS <u>8231 Clayton Road,</u>	23c. DATE SIGNED <u>4/12/51</u>
-----------------------------------------------------------	----------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>
---------------------------------------------------------	---------------------------------	------------------------------------------------------------	--------------------------------------------------------------------------

DATE REC'D BY LOCAL REG. <u>4/12/51</u>	REGISTRAR'S SIGNATURE <u>Robert A. Lomke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.A. Stock</u>	ADDRESS <u>Mortuary, 2117 E. Grand Blvd</u>
-----------------------------------------	-------------------------------------------------	----------------------------------------------------	---------------------------------------------

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

Dr Lewis Pittman  
8231 Clayton  
PA 0202 -  
Ca 3744

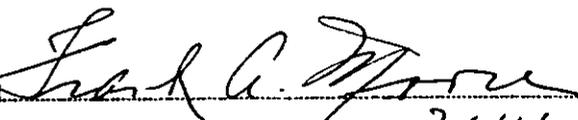
STATEMENT BY LICENSED EMBALMER

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

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed 

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

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.