No. 300
10.48

FILED NOV 2 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35929

BIRTH NO. 56 087-51 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3500

**1. PLACE OF DEATH**
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anns
c. LENGTH OF STAY (In this place): 2½ mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10638 St. Matthews

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Ann's
d. STREET ADDRESS (If rural, give location): 10638 St. Matthews

**3. NAME OF DECEASED** (Type or Print)
a. (First): Melissa
b. (Middle): Irene
c. (Last): McBroom

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 25, 1951

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married
**8. DATE OF BIRTH**: Aug. 9, 1951
**9. AGE** (In years last birthday): IF UNDER 1 YEAR Months: 2; Days; IF UNDER 24 HRS. Hours; Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (State or foreign country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: Harry McBroom
**13b. MOTHER'S MAIDEN NAME**: Frances Purdy
**14. NAME OF HUSBAND OR WIFE**: None
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Harry McBroom, 10638 St. Matthews

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

**23a. SIGNATURE** Herbert R. Domke MD (Designate Title) RC Kirkpatrick
**23b. ADDRESS**: Local Registrar, Vital Statistics Dept. 651 S. Brentwood, Clayton, Mo.
**23c. DATE SIGNED**: 10-25-51

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: 10-25-51
**24c. NAME OF CEMETERY OR CREMATORY**:
**24d. LOCATION** (City, town, or county) (State): Mobile, Alabama

DATE REC'D BY LOCAL REG.: 10-25-51
REGISTRAR'S SIGNATURE: Herbert R. Domke MD
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: Collier Funeral Home, 10123 St. Charles Rock Rd.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 J W M Bunkley

Licensed Embalmer No. 36

P. O. Address.....

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.