

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

Do not use this space.

22538

1. PLACE OF DEATH

County St Charles
Township Levy
City North St Louis (No.)

Registration District No. 1175
Primary Registration District No. 5999

File No. 146
Registered No. 46
St. Ward)

2. FULL NAME Henry Bross

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth, 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14 - 1842

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>89</u>	<u>4</u>	<u>2</u>		

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work... Machinist, Retiree
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY) Germany

14. INFORMANT Thelma Bross
(Address)

15. FILED 6/19, 1931 H. Caldwell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 17 1931

17. I HEREBY CERTIFY, That I attended deceased from June 12 to June 19, 1931, and that I last saw him alive on June 12, 1931, and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General arteriosclerosis
97

CONTRIBUTORY (SECONDARY) 97
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED.....

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) E. C. Johnson, M. D.

, 19 31 (Address) O Fallon, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Flint Hill Mo June 1931

20. UNDERTAKER W. Johnson ADDRESS Don't know

