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.

SEP 25 1937

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

Do not use this space.

File No. 31843
Registered No. 337

1. PLACE OF DEATH

County: Saint Louis — Registration District No. 1123
Township: Carondelet — Primary Registration District No. 6248 B
City: ~~Jefferson Barracks~~ (No. U.S. Veterans Hospital St. Ward)

2. FULL NAME Emil J. BROSCH

(a) Residence, No. 2717 Minnesota Avenue St., Ward. Saint Louis, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ruth Brosch

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1896

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
41	6	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. --
10. Date deceased last worked at this occupation (month and year) --
11. Total time (years) spent in this occupation --

12. BIRTHPLACE (CITY OR TOWN) Saint Louis (STATE OR COUNTRY) Missouri

FATHER
13. NAME Joseph Brosch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Josephine Broska
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Clinical Clerk M Schulling
(ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery DATE August 23, 1937

19. UNDERTAKER C. Hoffmeister Und. & L. Co.
(ADDRESS) 7814 So. Broadway St. Louis Mo.

20. FILED Aug 19 1937 Mrs Betty Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from August 16, 1937, to August 18, 1937
I last saw him alive on August 18, 1937. Death is said to have occurred on the date stated above, at 4:35 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes, Mellitus, complicated	
with diabetic coma.	Unkn.
59	
Other contributory causes of importance:	
Parenchymatous degeneration of	
heart.	Unkn.
Edema of lungs (marked).	unkn.

Name of operation None Date of
What test confirmed diagnosis? Phy. clinical manif. and laboratory 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) C. W. HUGHES, Chief Med. Officer, M. D.
(Address) VAF Jefferson Barracks, Mo.