

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

12532  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City..... **St. Louis** (d) Street No. **3914a Virginia Ave.** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** **Elmer G. Brosin 625**

(a) Residence, No. **3914a Virginia** St. **17A**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mildred Brosin**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 6, 1897**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
**41 0 25**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Plant Oiler**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Monsanto Chemicals**  
 10. Date deceased last worked at this occupation (month and year) **3-19-38**  
 11. Total time (years) spent in this occupation **Co.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pittsburg Pa.**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT (ADDRESS) **Mildred Brosin 3914a Virginia Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Hope Mo.** DATE **4-4-38**

19. FUNERAL DIRECTOR (ADDRESS) **Cascar J. Hoffmeister 4016 Chippeva**

20. FILED **APR 2 1938** **J.P. Bradach**

**MEDICAL CERTIFICATE OF DEATH**

**No attending physician**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 1st 1938**

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **12:30 P.M.**

The principal cause of death and related causes of importance were as follows:

**Carbon Monoxide Poison**  
**as a result of being overcome while working on his car in garage in rear of his home, 3914a Virginia Ave April 1st, 1938, about 11:00 A.M.**

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **Accident** Date of injury **4/1, 1938**  
 Where did injury occur? **St. Louis, Mo.**  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
**Home**

Manner of injury **SEE ABOVE**  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **NO**  
 If so, specify.....

(Signed) **Joseph M. ...**  
 (Address) **...**

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Y X12004

STATEMENT BY LICENSED EMBALMER

I, Edwin T. Lebing Licensed Embalmer No. 5888

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Edwin T. Lebing  
Licensed Embalmer No. 5888

**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.)**