

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

31226
Do not use this space.

REC'D OCT 15 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City K. C. Mo. (d) Street No. 5107 Olive 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

Theodore F. Brod
(a) Residence, No. 5107 Olive St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Carrie Brod

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 3, 1905

I last saw him on Sept 7, 1938, 19... Death is said to have occurred on the date stated above, at 9:15 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
32 10 4

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

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

Rheumatic heart disease
Chronic aortic valvulitis
Hypertrophy of left ventricle
Pulmonary edema

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo.

Other contributory causes of importance:
Sept 8, 1938 Date of onset

13. NAME Frank Brod
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Czecho-Slovakia

15. MAIDEN NAME Adelia Hoffmeister
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) America

17. INFORMANT (ADDRESS) Mrs. Carrie Brod
5107 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles, Mo DATE Sept. 8, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wagner Funeral Home
Kansas City, Mo.

20. FILED Sept 8 1938 M. M. Crome
Local Registrar.

Name of operation A2 Date of Sept 8, 1938
What test confirmed diagnosis? 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? Yes
If so, specify See Hosp. H.C. Mo.
(Signed) M. M. Crome, M. D.
(Address)

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

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

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, above space should be left blank.