

REC'D MAY 10 1939

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

13397
Do not use this space.

1. PLACE OF DEATH

(a) County..... 2 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1003
(c) City..... St. Louis or (d) Street No..... 3985 Daver Pl. 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

(a) Residence, No. 3985 Daver Pl. St. 7 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Marguerite Bromm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-10-1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 53 67 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired 5 years
9. Industry or business in which work was done, as saw mill, bank, etc. tobacco business
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER 13. NAME Henry Bromm

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Anna Boehm

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. M. Bromm (ADDRESS) 3985 Daver Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Burial Pl. DATE 4-24 1939

19. FUNERAL DIRECTOR (NAME) Southern Ind. Co. (ADDRESS) 6322 Grand

20. FILED J.P. Beckwith (Notary Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 1938 to 4-21 1939
I last saw him alive on 4-20 1939. Death is said to have occurred on the date stated above, at 12:55 P.
The principal cause of death and related causes of importance were as follows:

Cirrhosis of liver
Dr. Walter Mellitas
Date of onset 4/25/1939
Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No
If so, specify _____ M.D.
(Signed) Oliver Abel
(Address) Sister Bldg.

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.

4500 Olive
Dr. Oliver asked for

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

Frank Ludwig

Licensed Embalmer No. *2504*

P. O. Address *6322 So Main*

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.