

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

- (a) County 2
- (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution:
1604a S. 10th St.
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution _____
(Specify whether _____)
- In this community _____
years, months or days

3. (a) PRINT FULL NAME Julia Broy3. (b) If veteran, name war nil 3. (c) Social Security No. nil4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William Broy 6. (c) Age of husband or wife if alive 66 years7. Birth date of deceased About 1873
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
About 66 Unknown Unknown min.9. Birthplace Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name James Ferguson13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature William Broy(b) Address 1604a S. 10th St.17. (a) Removal (b) Date thereof Jan. 5-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Naylor, Missouri18. (a) Signature of funeral director Am C. Maydell(b) Address 1926 Allen Ave.19. (a) JAN 4 1940 (b) J. T. Bredel
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")
- (d) Street No. 1604a S. 10th St.
(If rural, give location)
- (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4
year 1940 hour 1 minute 15-2 P.M.21. I hereby certify that I attended the deceased from
July 15, 1937, to January 4, 1940
that I last saw her alive on January 3, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Chronic myocarditis Duration 2 yrs +Due to Chronic Purulent Bronchitis 2
Chronic Pulmonary Emphysema 2
Due to non tubercular

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 93C
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
- (b) Date of occurrence _____
- (c) Where did injury occur? _____ (City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. L. Schuchat (M. D. or other) _____
Address 2200 Chestnut Ave Date signed 1-4-40

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..... *Benj. C. Duman*.....
Licensed Embalmer No..... *2272*.....
P. O. Address..... *1926 Allen*.....

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.