

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

107
State File No.
Registrar's No. 132

FILED FEB 24 1942

Registration District No. 791

Primary Registration District No. 1003

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1918 Wagner Place
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
yrs., months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State. Missouri (b) County.....
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1918 Wagner Place
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME ALBERT BRODBECK
(b) If veteran, name war. no 3. (c) Social Security No. none

20. DATE OF DEATH: Month January day 4th
year 1942 hour 7 minute 20 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
7. Birth date of deceased. About 1908
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-27-41
1941 to 1-4-42 1942
that I last saw him alive on 1-3-42 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
About 33 Unknown hr. min.

Immediate cause of death:
Chr Myocarditis Indefinite
Chr Nephritis
Hypertension
Due to.....
Due to.....

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death)
Intra-cranial injury resulting from birth injury
Major findings:
Of operations.....

10. Usual occupation None

11. Industry or business.....
MOTHER FATHER { 12. Name Fred Brodbeck
13. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)
14. Maiden name Mary Hogan
15. Birthplace Omaha Nebraska
(City, town, or county) (State or foreign country)

Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Brodbeck
(b) Address 1918 Wagner Place

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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?

17. (a) Burial (b) Date thereof Jan. 6-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

While at work?..... (Specify type of place)
(e) Means of injury.....
Signature E. J. Lamsche (M. D. or other) M.D.
Address 4885 Natural Bridge Date signed 1-5-42

18. (a) Signature of funeral director W. C. Mayfield
(b) Address 1926 Allen Ave
19. (a) JAN 6 1942 (b) J. F. Brodbeck
(Date received local registrar) (Registrar's signature)

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.....

Berj. C. Duncan

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, fact should be so stated above.