

FILED OCT 6 1942

Registration District No. **104**

Primary Registration District No. **111**

Registrar's No. **2040**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Mary's**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **St. Louis**

(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")

(d) Street No. **500 S. Gray Ave.**
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country **1**

3. (a) PRINT FULL NAME **Dorothy Broz (nee Whitelaw)**

3. (b) If veteran, name war **Nil**

3. (c) Social Security No. **Nil**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Anthony Wm Broz**

6. (c) Age of husband or wife if alive **40** years

7. Birth date of deceased **October 19 1905**
(Month) (Day) (Year)

8. AGE: Years **36** Months **11** Days **11**
If less than one day hr. min.

9. Birthplace **Detroit Mich.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Robert G. Whitelaw**

13. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

14. Maiden name **Johanna Frank**

15. Birthplace **? Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anthony Wm Broz**

(b) Address **500 Gray Ave.**

17. (a) **Burial** (b) Date thereof **Oct. 3, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SS Peter & Paul Cem**
MITTELBERG FUNERAL HOME, INC.

18. (a) Signature of funeral director **WEBSTER GROVES, MO.**

(b) Address

19. (a) **OCT - 2 1942** (b) **E. J. McCarroll**
(Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept** day **30** year **1942** hour **12** minute **20** a. M.

21. I hereby certify that I attended the deceased from **Sept. 6 1942** to **Sept. 30 1942**
that I last saw **her** alive on **Sept. 29 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **gout**

Major findings: Of operations

Of autopsy **Cerebral Hemorrhage**

Duration

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?

(Specify type of place) While at work? (Specify means of injury)

23. Signature **E. J. McCarroll** (M.D. or other) **MD**
Address **1321 Sigmond, Webster Groves, Mo.** Date signed **9/30/42**

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

96
8
3

96
7

4

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

Welford G Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.

2018-100