

FILED NOV 29 1943 818

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2106 S 9th 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..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME FRANCES BROZ

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Charles Broz 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug. 15 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 3 9 ..hr. ..min.

9. Birthplace Bohemia (City, town, or county) (State or foreign country) X

10. Usual occupation Housewife

11. Industry or business At Home.

MOTHER FATHER

12. Name William Suchy

13. Birthplace Bohemia (City, town, or county) (State or foreign country) 8

14. Maiden name Unknown (City, town, or county) (State or foreign country)

15. Birthplace Bohemia (City, town, or county) (State or foreign country) 8

16. (a) Informant William Broz

(b) Address 3957 Shiller Place.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov 18th
(Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul

18. (a) Signature of funeral director Thordotto & Son

(b) Address 2906 Gravois Ave.

19. (a) NOV 17 1943 (Date received local registrar) (b) J. Z. Budick (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis. (If outside city or town limits, write "RURAL")
(d) Street No. 2106 S 9th St. (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15
year 1943 hour 7 30 A.M. M.

21. I hereby certify that I attended the deceased from 9/9/43
..... 19..... to..... Nov 15 19 43
that I last saw her alive on..... Nov. 12 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
@ E. cardio-vascular & renal syndrome
Bilateral pulmonary tuberculosis
Duration 10 yrs.
6 yrs.

Due to.....
Due to.....
Other conditions (include pregnancy within 3 months of death).....
Major findings:
Of operations none
Of autopsy none

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)..... no
(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 W. H. Stevens (M. D. or other).....
Address 3804 Wilmington Ave. St. Louis Date signed 11-16-43

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

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 *David Van Fossen*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Merritt Ave*.....

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.