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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 10169

FILED DEC 5 1944 318

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town city of St. Louis  
(c) Name of hospital or institution: Alexian Bros. Hospital  
(d) Length of stay: In hospital or institution 55 years  
In this community 55 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 090  
(c) City or town city of St. Louis  
(d) Street No. 7022 Hurst Court  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Edward V. Brosie  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 15 1869

8. AGE: Years 75 Months 1 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pittsburgh Pennsylvania

10. Usual occupation retired roofer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Brosie  
13. Birthplace Germany  
14. Maiden name Mary Rein  
15. Birthplace U.S.

16. (a) Informant Mrs. Chas. E. Neithamp  
(b) Address 7022 Hurst Court

17. (a) burial (b) Date thereof 11-28-44  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Southern Funeral Home  
(b) Address 6322 So. Grand Blvd.

19. (a) NOV 2 @ 1944 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25th year 1944 hour 9:40 minute \_\_\_\_\_ a. m. \_\_\_\_\_

21. I hereby certify that I attended the deceased from 1940 to 11-25-44  
that I last saw him alive on 11-24-44 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of brain  
Due to Ch. Cardio Renal Sarcosis  
dissecting

Due to Hypertension  
Other conditions of anemia - 12/1

Major findings: Of operations \_\_\_\_\_  
Of autopsy Edema of Sarcosis of Anemia  
Thyroid + Adrenals

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? \_\_\_\_\_  
(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. F. Bredeck (3. For other) MD  
Address 7002 S. Dwyer Date signed 11/27/44

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

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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..... *Vincent L. Berryman*  
Licensed Embalmer No: *4018*  
P. O. Address..... *St Louis, Mo.*

**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.**