

No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 28 1946
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318** Primary Registration District No. **1003**

Registrar's No. **8889**

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:
St. Anthony Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks,
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County O'Fallon
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 1517
(d) Street No. 4723 Tennessee Ave.,
(If rural, give location) 9
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Rupert J. Bromm,
3. (b) If veteran, name war World War I
3. (c) Social Security No. _____

20. DATE OF DEATH: Month October day 15th
year 1946 hour 7:20 minute _____ P.M.
21. I hereby certify that I attended the deceased from 6/1/43
1946 to Oct 15 1946
that I last saw him alive on Oct 15 1946
and that death occurred on the date and hour stated above.

4. Sex Male, (1) 5. Color or race White,
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Alice
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 22 1892
(Month) (Day) (Year)

Immediate cause of death Intercranial hemorrhage probably meningial. Duration 5 wks.

8. AGE: Years Months Days If less than one day
54 7 23 hr. _____ min.

Due to Hypertension Several years.

9. Birthplace Ferdinand, Indiana,
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation Proprietor

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

11. Industry or business Meramec-Virginia Market

Major findings: none

12. Name Henry Bromm,

Of operations _____

13. Birthplace Ferdinand, Indiana.
(City, town, or county) (State or foreign country)

Of autopsy no

14. Maiden name Anna Boehm,

15. Birthplace Fulda, Indiana.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Loretto Gramlich,

(b) Address 4723 Tennessee Ave.,

17. (a) Burial, (b) Date thereof 10/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park,

18. (a) Signature of funeral director Gebken-Benz Mortuary
2842 Meramec St.,

(b) Address _____

19. (a) Oct 17 1946 (b) J. F. Bredbeck
(Date received local health officer) (Registrar's signature)

(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 0

23. Signature W. W. ... (M. D. or other) _____

Address 3809 W. ... Date signed 10.16.46

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

MOTHER FATHER

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed

Joe D. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

P. O. Address St. Louis, 18, 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.