

Reg. # 300
XC-15 859 358
CF: Chicago, Ill.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25608**
Registrar's No. **1687**

BIRTH NO. _____ REG. DIST. NO. **2317** PRIMARY REG. DIST. NO. **6076**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **ILLINOIS**
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JEFF. BRKS, MO.**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST. ELMO**

c. LENGTH OF STAY (in this place) **1 day**

d. STREET ADDRESS (If rural, give location) **8**

3. NAME OF DECEASED
a. (First) **JOHN**
b. (Middle) **(NMI)**
c. (Last) **BROSE**

4. DATE OF DEATH **JULY 10, 1950**

5. SEX **M**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**

8. DATE OF BIRTH **7-11-92**

9. AGE (In years last birthday) **58**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Laborer**

10b. KIND OF BUSINESS OR INDUSTRY **-**

11. BIRTHPLACE (State or foreign country) **ALTAMONT, ILLINOIS**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **AUGUST BROSE**

13b. MOTHER'S MAIDEN NAME **ELLEN HAUMESSER**

14. NAME OF HUSBAND OR WIFE **---**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) **Yes WWI**

16. SOCIAL SECURITY NO. **UNKNOWN**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **V.A. HOSPITAL RECORDS, JEFF. BRKS, MO.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **CONGESTIVE HEART FAILURE**

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **ARTERIOSCLEROTIC HEART DISEASE**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **BRONCHO-PNEUMONIA**

INTERVAL BETWEEN ONSET AND DEATH

4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **VA**

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-9-50**, 19____, to **7-10-50**, 19____, that the death of the deceased ~~occurred on the date stated above~~ occurred at **11:55p.**, from the causes and on the date stated above.

23a. SIGNATURE **Ch. Schubert M.D.** (degree or title) **CHIEF, PROF. SVCS.**

23b. ADDRESS **VA HOSP. JEFF. BRKS, MO.**

23c. DATE SIGNED **7-11-50**

24a. REMOVAL (Specify)

24b. DATE **7-12-50**

24c. NAME OF CEMETERY OR CREMATORY **UNKNOWN**

24d. LOCATION (City, town, or county) (State) **ALTAMONT, ILL.**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **7-12-50 Herbert R. Dombek**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **C. HOFFMEISTER U&L CO., St. Louis, Mo.**

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Harry J. Schumacher*.....

Licensed Embalmer No. *2679*.....

P. O. Address *9814 1/2 Broadway*.....

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.