

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *70R 10124*
 Townshp..... Primary Registration District No. *2106 S. 9th St-*
 City *St. Louis* (No. *2106 S. 9th St-*)

File No. *2960*
 Registered No. *411*
 St. Ward)

2. FULL NAME

(a) Residence. No. *2106 S. 9th* St., *23* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED
 - HUSBAND OF - *Frances Broz*
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Oct 24, 1865*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 10 17

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Retired Stationery Firm*
 (b) General nature of industry, business, or establishment in which employed (or employer) *Brewery*
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *Bohemia*
 (STATE OR COUNTRY)

10. NAME OF FATHER *Joseph Broz*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Bohemia*
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Unknown*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Bohemia*
 (STATE OR COUNTRY)

14. INFORMANT *Francis Broz*
 (Address) *2106 S. 9th St-*

15. FILED *JAN 14 1930* REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Jan 13 1930*

17. I HEREBY CERTIFY, That I attended deceased from *Octob 17th* 19 *28* to *January 13th* 19 *30*
 that I last saw him alive on *Januar 13th*, 19 *30*, and that death occurred, on the date stated above, at *8:15 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
59
131
93c (duration) *2* yrs. mos. ds.
 CONTRIBUTORY *Bright Disease Diabetes*
 (SECONDARY) *Hellitus* (duration) *4* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) *Robert Brider* M. D.
Jan 13 1930 (Address) *1012 Seyes Ave Linden*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
S. S. Peter & Paul - Jan 16 1930

20. UNDERTAKER ADDRESS
Mrs. Kertis 2906 Groves Dr

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Robert Anderson
1012 Royal Ave.
St. Louis