

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

Do not use this space.

22975

File No. 6417

Registered No. 6417

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... **St. Louis** Secondary Registration District No. **1813**  
 City..... **St. Louis** (No. **Mississippi River**) 500 ft. S. Free Bridge St. Ward)

**2. FULL NAME**

(a) Residence. No. **2106 S. 9th** St. **13** Ward.

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Jan. 1, 1904**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**27, 5, 27**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Laborer**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Steamer E. Wells**  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Charles Broz**

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

12. MAIDEN NAME OF MOTHER **Frances Suchy**

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

14. INFORMANT **Frances Broz** (Address) **2106 S. 9th**

15. CITY **St. Louis** FILED **1911** REGISTRAR **Wm. C. Starnes**

**MEDICAL CERTIFICATE OF DEATH**

16. RATE OF DEATH (MONTH, DAY AND YEAR) **June 8, 1911**

17. **No Physician Attendance** HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at....., 10:40 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS: **Asphyxiation Due to Drowning Caused by falling from Bungie in Creek**

CONTRIBUTORY **213D** Accidents (SECONDARY) **213F** (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED **140** IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS (Signed) **J. W. Kemmer** M.D. **6/9, 1911** (Address) **Def. Coro**

\*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 **St. Peter & Paul** DATE OF BURIAL **June 11, 1911**

20. UNDERTAKER **Jhos. Kritis** ADDRESS **3644 California**

Exact statement of OCCUPATION is very important.

