

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

Do not use this space.

6782

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St Louis Mo (No. 1208 Temple Pl)

St. 6 Ward

File No.....

Registered No. 1860

2. FULL NAME

(a) Residence, No. 1208 Temple Pl St. 6 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 (OR) WIFE OF Rosa Brod

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7-1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 90 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building Contractor
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER 13. NAME John B Brod

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barvaria

15. MAIDEN NAME Rosina Friedrich

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) John Brod 1208 Temple Pl

18. BURIAL, CREMATION, OR REMOVAL PLACE Kathalla DATE Feb 26 1932

19. UNDERTAKER (ADDRESS) Cummins & Brod Co 4734 Manchester Ave

20. FILED Feb 26 1932 May C. Tankersley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26 1932

22. I HEREBY CERTIFY, That I attended deceased from June 18 1930 to Feb - 23 1932

I last saw him alive on Feb 23 1932 Death is said

to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic Date of onset 6/18/30
43C
162
930

Other contributory causes of importance: senility

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) Albert J. Green M. D.

(Address) Metropolitan Bldg St Louis, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

3

11 15 am -