

REC'D SEP 12 1938

 MISSOURI STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 791  
 CERTIFICATE OF DEATH 1008
27668  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ~~xxxxxx~~ Registration District No. 3  
 (b) Township 1 Primary Registration District No. Registered No. 7682  
 (c) City St. Louis (d) Street No. En Route City Hosp #7 St.  
 (If death occurred in Hospital of Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME Morris Brody

(a) Residence, No. 5829 DeGiverville St. 6 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Estelle Brody

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ab. 55 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 Ab. 65

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. Mfg. Mens Clothing

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Kaunas (STATE OR COUNTRY) Lithuania

13. NAME Abraham Brody

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

15. MAIDEN NAME Faiga Rasha

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

17. INFORMANT Earl Brody (ADDRESS) 5829 DeGiverville

18. BURIAL, CREMATION, OR REMOVAL PLACE Beth Ham Hag DATE 8/30/38

19. FUNERAL DIRECTOR (NAME) H. B. Berger (ADDRESS) 4715 McPherson

20. FILED AUG 30 1938 J. F. Brubaker Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 am

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

Gun Shot Wound of head self inflicted in Forest Park August 29, 1938 about 11:30 am

Other contributory causes of importance: 16 1

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? Suicide Date of injury 8/29/38

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 See above Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify

(Signed) Joseph M. Turner (Address) Deputy Coroner

**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, \_\_\_\_\_ Me

**H.I. Berger**

or by \_\_\_\_\_

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

Signed \_\_\_\_\_



Licensed Embalmer No. **1597**

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**