

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

REC'D APR 12 1939

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

8170
Do not use this space.

791
1003

1935

1. PLACE OF DEATH
 (a) County St. Louis
 (b) Township St. Louis
 (c) City St. Louis
 (d) Street No. St. Louis Hospital St.
 (If death occurred in Hospital or 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
 (a) Residence, No. 4013 Page St. 11
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
 4. COLOR OR RACE Wk
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Indira
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17 1939
 7. AGE YEARS 69 MONTHS 1 DAYS 21
 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dr. Wm. W. Dr. Wm. W.
 9. Industry or business in which work was done, as saw mill, bank, etc. General Manager
 10. Date deceased last worked at this occupation (month and year) 1-9-39
 11. Total time (years) spent in this occupation 10
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover
 13. NAME Robert Eugene Brojean
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover
 15. MAIDEN NAME Mary Guffey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover
 17. INFORMANT (ADDRESS) Indira Brojean 4013 Page St. St. Louis
 18. BURIAL, CREMATION, OR REMOVAL Memorial Park Mar 2 1939
 19. FUNERAL DIRECTOR (ADDRESS) 1225 Mission Blvd
 20. FILED MAR 1 1939 J. B. Buehler Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1939
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above at _____ m.
 The principal cause of death and related causes of importance were as follows:
Subdural hemorrhage following fall from a wooden walk up front of home when he slipped in stepping from his car to sidewalk
 Other contributory causes of importance:
Jan 17 1939 about 5:00 PM
 Name of operation 46a Date of 2/5
 What test confirmed diagnosis? 1839 Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Jan 17 1939
 Where did injury occur? St. Louis, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. 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) Dr. M. J. Quinn M.D.
 (Address) Regency Corner

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No..... or by.....
working under my personal supervision.

Signed.....
..... Registered Apprentice No.....
..... Licensed Embalmer No..... 3021

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.)