

Registration District No. **791** Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4639a Virginia Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME Charles R. Bross **620**

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Catherine 6. (c) Age of husband or wife if alive 74 years7. Birth date of deceased April 19, 1866
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
73 5 24 hr. min.9. Birthplace Carlisle Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Salesman

11. Industry or business _____

12. Name Joseph Bross **7**13. Birthplace _____ Switzerland
(City, town, or county) (State or foreign country)14. Maiden name Verena Sutter15. Birthplace _____ Switzerland
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Catherine Bross(b) Address 4639a Virginia Ave.17. (a) Burial (b) Date thereof Oct. 17, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation New SS. Peter & Paul18. (a) Signature of funeral director J. H. Gorkum & Co.(b) Address 2842 Meramec St.19. (a) OCT 16 1939 (b) J. B. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1
 (c) City or town St. Louis **(15)**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4639a Virginia Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th
year 1939 hour 5 minute 30 P. M.21. I hereby certify that I attended the deceased from
August 12, 1938 to Oct. 13, 1939that I last saw her alive on Oct. 13, 1939
and that death occurred on the date and hour stated above.Immediate cause of death Carcinoma of Rectum Duration _____

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)Major findings: Of operations none PHYSICIAN _____Of autopsy none Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) Means of injury _____

23. Signature Frank J. Schwegel, M.D.Address 2808 Algonquin St. Date signed _____

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, or by.....

Robert F. Gebken, Registered Apprentice No. *187*
working under my personal supervision.

Signed *Herman A. Gebken*

Licensed Embalmer No. *2120*

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.