

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9377  
Registrar's No. 2860

Registration District No. 791

Primary Registration District No. 1003

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:  
Firmin Deloge Hosnital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hospital 38 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Minnie Louise Brovles

3. (b) If veteran, name None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Milton 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased May 29 1867  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 27 If less than one day \_\_\_\_\_  
hr. min.

9. Birthplace Ha nnibal Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name John W. East

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Ma rsh

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Brovles

(b) Address Huntleigh Village

17. (a) Burial (b) Date thereof Mar. 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brisco Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand

19. (a) MAR 27 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 26  
(If outside city or town limits write "RURAL")  
(d) Street No. 3917 N 10th St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26  
year 1940 hour 3 minute 15 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Feb 17, 1940 to Mar 26, 1940

that I last saw her alive on Mar 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Carcinoma of Liver

Due to Carcinoma of Colon

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Melastatic Ca Liver  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)  
(e) Means of injury? \_\_\_\_\_

23. Signature Thos M. Markie (M. D. or other) \_\_\_\_\_  
Address 607 W. Grand Date signed 3/26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....

....., Registered Apprentice No. ....

.....  
working under my personal supervision.

Signed

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. Main

**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.**