

2
3-40
7-39
K23159

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
5858 Julian 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 Helen Brod

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

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

6. (b) Name of husband or wife John Brod, Jr. 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Feb. 22, 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Young

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

14. Maiden name Elizabeth Titherley

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

16. (a) Informant John H. Brod, Jr
(b) Address 5858 Julian

17. (a) Cremation (b) Date thereof 9/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) SEP 16 1940 (b) J.P. Prodeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 5
(If outside city or town limits, write "RURAL")
(d) Street No. 5858 Julian
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14
year 1940 hour 2.00 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from May 10 - 1935 to Sept 14 - 1940
that I last saw her alive on July 3rd 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 3yo.
Duration

Due to 93% of the liver
Due to 93% of the liver

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy 9/14/40

PHYSICIAN
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) (e) Means of injury _____

23. Signature W. J. Lauprison (M. D. or other) _____
Address 6122 Oak 13th Date signed 9/15/40

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

RECEIVED 25 1940

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..... *Florenz Eynck*

Licensed Embalmer No. *1284*

P. O. Address *St Louis Mo.*

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, fact should be so stated above.