

No. 2  
11-10-39  
-17-39  
J X21492

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 43930

JAN 8 1940  
Registration District No. 784

Primary Registration District No. 117

Registrar's No. 2391

1. PLACE OF DEATH:

(a) County. St. Louis  
(b) City or town. Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
521 Greely 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 30 years (Specify whether  
years, months or days) 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 521 Greely Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Reinhard Broesel

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

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

6. (b) Name of husband or wife Marie Broesel 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased August 23 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
62 3 24 hr. \_\_\_\_\_ min.

9. Birthplace St. Louis -Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Icthyologist

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

12. Name Theodore Broesel

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

14. Maiden name Lena Bachmann

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Tad W. Broesel

(b) Address 521 Greely Ave, W.G.

17. (a) Cremation (b) Date thereof 12/19/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wagoner Ind. Co

(b) Address 3621 Olive Street.

19. (a) DEC 18 1940 (b) R. Murphy  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 17<sup>th</sup>  
year 1940 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from April 17 1940 to Dec. 17 1940  
that I last saw him alive on Dec. 17 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic myocarditis and endocarditis 8-9 yrs

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

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

Major findings: Of operations Y2A

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 Ellsworth A. Westrup (M. D. or other) I

Address 204 E. Big Bend White Hwy Date signed 12-18-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12/18/40

*Dr Arthur W. Tracy  
204 East Broadway.*

**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 *Neville D. Prohwitter*

Licensed Embalmer No. *3696*

P. O. Address *362 Olive St.*

**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.**