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23159

**FILED MAY 13 1941**

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3179

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(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:  
3517 A Hartford St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify year)

In this community 54 Years in St. Louis  
years, months or days

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis.  
(If outside city or town limits, write "RURAL")

(d) Street No. 3517 A Hartford St.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. 54 Years in St. Lou

3. (a) PRINT FULL NAME JOSEPH J. BROSCH

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife Josephine Brosch 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased: June 20 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>9</u>	<u>20</u>	hr. _____ min.

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

10. Usual occupation TAILOR

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

12. Name John Brosch

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

14. Maiden name Katherine Wier  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Josephine Brosch

(b) Address 3517 A Hartford St.

17. (a) Burial (b) Date thereof April 14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director Thornton & Son  
2906 Gravois Ave.

(b) Address \_\_\_\_\_

19. (a) APR 12 1941 (b) J. F. Oedek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1941 hour 1 45 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from April 5, 1941, to April 9, 1941, that I last saw him alive on April 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio-renal disease - chronic

Due to Hypertrophic Prostate

Other conditions: \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

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

Duration	<u>6 yrs.</u>
Physician	<u>6 mo.</u>

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 D

23. Signature Edward J. Hamel (M. D. or other) m. d.  
Address 1504 So Grand Date signed 4-11-41

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.....

*Leo Budd*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Leo Budd*

Licensed Embalmer No.....

*3989*

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.**