

No. 2
4-13-40
5-17-39
PI X23159

FILED JUN 23 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **16642**
Registrar's No. **4160**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis Mo.**
(b) City or town **St. Louis Mo.**
(c) Name of hospital or institution **4072 Toenges St.**
(d) Length of stay: In hospital or institution **Life.**
In this community **Life.**

3. (a) PRINT FULL NAME **ANTHONY BROZ.**
3. (b) If veteran, name war. _____
3. (c) Social Security No. **488-10-5786**

4. Sex **Male** 5. Color or White
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Elizabeth Broz**
6. (c) Age of husband or wife if alive **57** years
7. Birth date of deceased **June 5 1880**

8. AGE: Years **60** Months **11** Days **11**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Paper Cutter**

11. Industry or business **Woodward-Teirnan Printery**

12. Name **Anton Broz**
13. Birthplace **Bohemia**
14. Maiden name **Catherine Bermann**
15. Birthplace **Germany**

16. (a) Informant **Elizabeth Broz**
(b) Address **4072 Toenges St.**

17. (a) **Burial** (b) Date thereof **May 19/41**
(c) Place: burial or cremation **New S. S. Peter & Paul**

18. (a) Signature of funeral director **Thos. Rutis & Son**
(b) Address **2906 Gravois Ave.**

19. (a) **MAY 18 1941** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis.**
(d) Street No. **4072 Toenges St.**
(e) If foreign born, how long in U. S. A.? **Life.** 0 years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **16**
year **1941** hour **5 25** AM minute _____ M.

21. I hereby certify that I attended the deceased from **4/17/41**
to **5-15-41**
that I last saw him alive on **5-15-41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy**

Due to _____
Due to _____
Other conditions _____
Major findings: _____
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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
Means of injury _____
23. Signature **Albert G. Groat** (M. D. or other) **P**
Address **3109 S. Grand** Date signed **5/17/41**

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

3109 Ashland Ave

December 1-3

Rutter Bldg

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 Bidde

Registered Apprentice No.

working under my personal supervision.

Signed.....

Leo Bidde

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.