

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 943

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Royal Oak  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1605 Andrews Drive  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Royal Oak  
(If outside city or town limits, write "RURAL")

(d) Street No. 1605 Andrews Drive  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? About 45 years.

3. (a) PRINT FULL NAME Dora Broch

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

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

6. (b) Name of husband or wife Ernest A. Broch 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: January 27, 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>3</u>	<u>5</u>	hr. min.

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

10. Usual occupation At Home

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

12. Name Frederick J. Bothman

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

14. Maiden name Margaret Hissen

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

16. (a) Informant Bretzman

(b) Address 1605 Andrews Dr., Royal Oak, Mo.

17. (a) Burial (b) Date thereof 5-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Ediffenetic Jr. L. Co.

(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) MAY - 5 1941 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd year 1941 hour 6:40 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Dec. 1, 1940 May 2, 1941, to May 2, 1941.  
that I last saw her alive on Sat. May 2, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Chronic myocarditis 1 month

Due to Adeno-Carcinoma of

Due to st. ovary 6 months

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death) 49.0

Major findings: Adeno-Carcinoma

Of operations of st. ovary

Of autopsy: none

Duration

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 A. J. Sheaton (M. D. \_\_\_\_\_)

Address 4703 Virginia Date signed 5-2-41

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

96  
00

4703 Virginia

**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 Linus C. Hoffmann

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.