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 V. S. No. 2
 FORM 9-4-41
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

4141

State File No. 1524
 Registrar's No.

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital #1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Days
 (Specify whether
 In this community 4 yrs.
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 21 000
 (c) City or town ST. LOUIS 17
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2202 CHESTNUT 9
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Nick Brol

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive Single years

7. Birth date of deceased September 16, 1863
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	4	31	hr. min.

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER

12. Name Gustave Brol

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

14. Maiden name Mary

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

16. (a) Informant Ann Morrison
 (b) Address St. Louis City Hospital #1.

17. (a) BURIAL (b) Date thereof 2-19-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Ellen A. Hall

(b) Address 1416 N. Taylor and

19. (a) FEB 19 1942 (b) J. Bredeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16, year 1942 hour 6:10 minute A. M.

21. I hereby certify that I attended the deceased from February 9, 1942 to February 16, 1942 that I last saw him alive on February 16, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
 Due to ~~Tuberculosis~~
 Pneumococcus

Due to
 Other conditions
 (Include pregnancy within 3 months of death)

Major findings: Of operations
 Of autopsy as above

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) (c) Means of injury

23. Signature W. W. Davis (M. D. or other) 2/16/42
 Address 1515 Lafayette Avenue Date signed

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

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.

Myself

Signed *Henry E. Henderson*

Licensed Embalmer No. *4141*

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.