

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. _____
Registrar's No. 8721

Registration District No. 318

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town Saint Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4330 Gannett /
(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

3. (a) PRINT FULL NAME Katie Brodhack

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Fred Brodhack

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: July 16th, 1858
(Month) (Day) (Year)

8. AGE: Years 84 Months 3 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation House-Work

11. Industry or business _____

MOTHER FATHER { 12. Name John Mehli

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

14. Maiden name Unknown

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

16. (a) Informant Rose G. Smuller

(b) Address 4328 Gannett Ave.

17. (a) Burial (b) Date thereof Oct. 24, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls Churchyard.

18. (a) Signature of funeral director Ziegenhain Bros

(b) Address 6409 Gravois Ave.

19. (a) OCT 21 1942 (b) J. J. Brodhack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town Saint Louis, 915
(If outside city or town limits, write "RURAL")

(d) Street No. 4330 Gannett Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th,
year 1942 hour 1 minute 0 A. M.

21. I hereby certify that I attended the deceased from Oct 17, 1942 to Oct. 20, 1942
that I last saw her alive on Oct 19, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchitis 4 days

Due to _____

Due to _____

Other conditions Chronic Myocarditis +
(Include pregnancy within 3 months of death)
Arterio-Sclerosis

Major findings: _____

Of operations _____

Of autopsy _____

Duration _____

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 Arthur H. Frenzel (M. D. or other) _____
Address 1845 S. 14 St. Date signed 10-20-42

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 *Juddie W. Zimmerman*.....

Licensed Embalmer No. *2270*.....

P. O. Address *6409 Groves*.....

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.