S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38964

FILED JAN 5 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11148

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Alexian Brothers Hospital 0
(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 96

(c) City or town Kirkwood Rural 4
(If outside city or town limits, write "RURAL")

(d) Street No. Maryhurst Normal School N.R. 3
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Brother Nicholas Brost S.M.

3. (b) If veteran, name war no

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 5 (Day) 1884 (Year)

8. AGE: Years 61 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Teacher

11. Industry or business Retired

FATHER
12. Name Nicholas Brost
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Anna Schmalen
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Bro.Leo Hoeffken
(b) Address Maryhurst Normal,Kirkwood,Mo.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec.21,45 (Month) (Day) (Year)
(c) Place: burial or cremation Maryhurst Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.&.L.Co.
(b) Address 7814 S.Broadway

19. (a) DEC 20 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1945 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from Nov 16 1945 to Dec 18 1945
that I last saw him alive on Dec 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Bi Lateral Lobar — Duration 1 Wk

Due to Progressive Shock

Due to Muscular Dystrophy 1 yr

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Edw. L. Bredeck M. D. or other 12/45 19

Address 607 No Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr. Budde at Alexian Bro Hosp.

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 Harry J. Schumacher

Licensed Embalmer No. 2679

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.