No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10714

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 595

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Oakville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At Home R.F.D. #11 Oakville Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Oakville 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #11 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Jacob J. Broz
3. (b) If veteran, name war ******
3. (c) Social Security No. ******
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose Broz
6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased July 25 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	7	11	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) U
10. Usual occupation Shoeworker Retired
11. Industry or business
FATHER
12. Name Joseph Broz
13. Birthplace Bohemia (City, town, or country) (State or foreign country) F
MOTHER
14. Maiden name ??? Buschek
15. Birthplace Bohemia (City, town, or country) (State or foreign country) F
16. (c) Informant Joseph J. Broz
(b) Address 115 A Eichelberger Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Peter and Paul
18. (a) Signature of funeral director Ziegenhein Bros
(b) Address 6400 Gravois Ave
19. (a) 3-11-46 (Date received local registrar) (b) [illegible] McGowan MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8th day March year 1946 hour 12:40 minute P. M.
21. I hereby certify that I attended the deceased from Nov. 10. '45 to March 8 - 1946 that I last saw him alive on 3-8-46 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	5 mins
Due to Chronic arteriosclerosis coronary sclerosis	20 yrs
Due to	
Other conditions Blind 99% (Include pregnancy within 3 months of death)	years

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 Bruce D. Creechus (M. D. or other) 0
Address 7 K S Lemay Tower Date signed 3/8/46

(Licensed Embalmer's Statement on Reverse Side)

707

Dr Crecelius
748 Lemay Ferry
Lo. 2224 office
Fl. 8275 Res.
12 to 2

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 Homer W. Fritz

Licensed Embalmer No. 3882

P. O. Address.....

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.