

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 25 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38425
38425

State File No. _____
Registrar's No. 10167

Registration District No. 318 Primary Registration District No. 1003

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:
Jewish Hospital
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1438a Montclair
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELY BRODY
3. (b) If veteran, name war No 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 27
year 1946 hour 11 minute 30 p. a. M.
21. I hereby certify that I attended the deceased from Nov. 11
1946 to Nov. 27, 1946;
that I last saw h. in alive on Nov. 27, 1946;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Rose Brody
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JANUARY 12 1896
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 16 days
Due to acute nephritis 16 days
Due to Primary atypical pneumonia 20 days
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 130
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
50 10 15 hr. _____ min. _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Clerk

11. Industry or business Underwood Typewriter Co.

12. Name Louis Brody

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

14. Maiden name Tillie nee Brody

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

16. (a) Informant Jerome Brody

(b) Address 1438a Montclair

17. (a) burial (b) Date thereof 11/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Beth Ham Hag

18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 McPherson

19. (a) NOV 29 1946 (b) J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

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 Dr. Norman Oye (M. D. or other) M.D.
Address 634 So. Grand Date signed 11/28/46

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER, FATHER

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.....
Licensed Embalmer No. 4359

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.