S. No. 300
v. 10-48

FILED APR 14 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

8926

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 27

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

**1. PLACE OF DEATH**
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RR1 HOUSE SPRINGS
c. LENGTH OF STAY (In this place): 35 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): OWN HOME 1

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson 50
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R-R. 1 House Springs 3
d. STREET ADDRESS (If rural, give location):

**3. NAME OF DECEASED** (Type or Print)
a. (First): ANTON
b. (Middle):
c. (Last): BROZ

**4. DATE OF DEATH** (Month) (Day) (Year): APR. 5 1949

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED 1
**8. DATE OF BIRTH**: NOV 9 1873
**9. AGE** (In years last birthday): 76. IF UNDER 1 YEAR Months 4 Days 27 IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): FARMER
**10b. KIND OF BUSINESS OR INDUSTRY**: FARMING
**11. BIRTHPLACE** (State or foreign country): BOHEMIA 8
**12. CITIZEN OF WHAT COUNTRY?**: Naturalized Citizen U.S.A.

**13a. FATHER'S NAME**: JOSEPH BROZ
**13b. MOTHER'S MAIDEN NAME**: MARY KUTAK
**14. NAME OF HUSBAND OR WIFE**: MARY BROZ

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): NO
**16. SOCIAL SECURITY NO.**: NO
**17. INFORMANT'S SIGNATURE OR NAME**: A. W. Broz 108 Monroe
**ADDRESS**: Kirkwood

**18. CAUSE OF DEATH**
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instantly

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.*

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**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): Natural Causes
**21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
**21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE): House Springs Jefferson Mo.
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* August 19 Apr 5, 1949, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Daniel J. Mahin Coroner Jeffer
**23b. ADDRESS**: Dekot Mo.
**23c. DATE SIGNED**: 4/5/49

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 4-8-49
**24c. NAME OF CEMETERY OR CREMATORY**: Resurrection Cem
**24d. LOCATION** (City, town, or county) (State): St Louis, Mo

**DATE REC'D BY LOCAL REG.**: April 7-49
**REGISTRAR'S SIGNATURE**: Phil. J. Kirk 143 0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Meyer-Pfitzinger
**ADDRESS**: Kirkwood Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number APR 12 1949
Date Filed

## 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Signed _____
Student Embalmer

Signed John M. Meyer

Licensed Embalmer No. E288

P. O. Address Kirkwood, 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.