

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44587**

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3106

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton, Missouri)		c. LENGTH OF STAY (In this place) DOA	c. CITY OR TOWN Bel-Ridge 4180
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		e. STREET ADDRESS (If rural, give location) 2930 Carson Road	

3. NAME OF DECEASED (Type or Print) Albert	a. (First)	b. (Middle)	c. (Last) Bromwich	4. DATE OF DEATH December 2, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 11, 1888	9. AGE (In years last birthday) 65	10 UNDER 1 YEAR Months	10 UNDER 1 YEAR Days	10 UNDER 1 YEAR Hours	10 UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	10b. KIND OF BUSINESS OR INDUSTRY Retired (unb)	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Bromwich	13b. MOTHER'S MAIDEN NAME Augusta Wedepohl	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW I	16. SOCIAL SECURITY NO. 492-12-9952	17. INFORMANT'S SIGNATURE OR NAME Mrs. Charlotte Higgins	ADDRESS 2122a McLaran
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH unb
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) unknown natural causes		
	ANTECEDENT CAUSES 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 Herbert R. Domke (Degree or title) Local Registrar	23b. ADDRESS 651 S. Brentwood Blvd.	23c. DATE SIGNED 12-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/5/53	24c. NAME OF CEMETERY OR CREMATORY Friedens Evangelical Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 12-4-53	REGISTRAR'S SIGNATURE Herbert R. Domke M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Math. Hermann & Son, Inc.	ADDRESS 2161 E. Fair Ave.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..

Student.....
Signature of Student Embalmer

Signed.....
Henry W. Katz

Licensed Embalmer No. 373

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.