

AN 9 1961  
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|--|--|---|---|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |  | Length of stay in lb<br><b>DOA</b>  |   | c. CITY OR TOWN <b>Berkeley</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Christian Hospital</b>   |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  | d. STREET ADDRESS (If outside, give location)<br><b>8110 January Ave.</b>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Frank (Francis) J. Broz</b>   |  |   |   | 4. DATE OF DEATH<br>Month Day Year<br><b>12-16-60</b>  |  |   |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><b>8-8-02</b>  | 9. AGE (last birthday)<br><b>58</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.                                 | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Foreman</b>  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Michane Shop</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Missouri</b>   |  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                                 |  |
| 13a. FATHER'S NAME<br><b>Jacob J. Broz</b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Rose T. Voelker</b>                       |  | 14. NAME OF HUSBAND OR WIFE<br><b>Lillian Latal Broz</b>   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>Yes. 8-4-20 * 8-10-24</b>   |  | 16. SOCIAL SECURITY NO.<br><b>497-10-2139</b>   |   | 17. INFORMANT Address<br><b>Lillian Broz Berkeley, Missouri</b>  |  |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion;</b><br>DUE TO (b) <b>Coronary Sclerosis.</b><br>DUE TO (c) <b>420.1</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |  |   |   |  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |   |  |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  | Month, Day, Year                       |   |   |  |  |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 20f. CITY, TOWN, OR LOCATION   |  | COUNTY  | STATE  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>8:30 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |  |  |   |  |
| 22a. SIGNATURE (Degree or title)<br><i>Joseph M. Quisenberry</i>   |  |   |   | 22b. ADDRESS<br><b>1300 Clark</b>  |  | 22c. DATE SIGNED<br><b>12-17-60</b>                                       |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removed</b>  | 23b. DATE<br><b>12-19-60</b>           | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b>  |   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>   |  |   |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>White-Mullen 118 N. Florissant Rd. Ferguson.</b>  |  |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 17 1960</b>                        |  | 26. REGISTRAR'S SIGNATURE<br><i>Paul Smith M.D.</i>  |   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Reinhold K. L. L...

Licensed Embalmer No. 3395

P. O. Address 3395 SV

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.