

FILED MAY 3 1943

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 447

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
716 Concord Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN JOSEPH BROSI

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. 27 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 15 hr. min.

9. Birthplace Andrew County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation farmer
11. Industry or business retired

12. Name Elias Brosi
13. Birthplace Pittsburg Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Elizabeth Zug
15. Birthplace Buchanan County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Larina Patton
(b) Address 716 Concord Street, St. Joseph, Mo.
17. (a) burial (b) Date thereof 4/14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joe. Memorial Park
18. (a) Signature of funeral director
(b) Address St. Joseph, Mo. Home
19. (a) 4-14-43 (b) Rose Herson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 716 Concord
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1943 hour 12 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3/1/1943 to 4/1/1943

that I last saw him alive on 4/1/1943 and that death occurred on the date and hour stated above

Immediate cause of death Chronic Myocarditis

Due to Unknown

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy no

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) no
(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? no (Specify type of place) (e) Means of injury

23. Signature J. P. Hannon M.D. (M. D. or other)
Address 2624 St. Joseph Ave. Date signed 4/14/43

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 April 12 -
....., Registered Apprentice No.
working under my personal supervision.

Signed Frank A. Gorman
Licensed Embalmer No. 1710
P. O. Address St. Joseph 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13683

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 447

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 1/2 mo (Specify whether years, months or days)

3. (a) PRINT FULL NAME

John J Brosi

3. (b) If veteran,

name war —

3. (c) Social Security

No. —

4. Sex

m

5. Color or

race rr

6. (a) Single, widowed, married,

divorced 8

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive — years

7. Birth date of deceased

Sept 27 - 1888
(Month) (Day) (Year)

8. AGE:

Years

57

Months

4

Days

If less than one day

min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State

mo

(b) County

Buchanan

(c) City or town

St Joseph

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country?

(Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Apr

year 1943

hour

2:30

minute pm M.

21. I hereby certify that I attended the deceased from

that I last saw him live on and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic nephritis, acute
Chr. myocarditis
Chronic nephritis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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

(M. D. or other)

Address

St Joseph

Date signed

5/24/43

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

