MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 29209

Township ..... Primary Registration District No. 1003 Registered No. 8825

City St Louis (No. 4031 Cook Ave St. ..... Ward)

2. FULL NAME Prince Brockman

(a) Residence. No. ..... St., 11 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Estella Brockman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Abt

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
50			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer 1871
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

PARENTS

10. NAME OF FATHER: Prince Brockman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ala
12. MAIDEN NAME OF MOTHER: Louvenia Unk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ala

14. INFORMANT: Estella Brockman
(Address) 4031 Cook Ave.

15. FILED OCT - 3 1927, 19 Mark Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 29 1927

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ..... 2 P ....., 19....., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Internal), caused by being crushed when home collapsed during wind storm Sept. 29th., at about 1:00 P.M. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ACCIDENT.
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr S. Vitt, M. D
1/ + 2, 19 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Washington Park
DATE OF BURIAL: 10/5 1927

20. UNDERTAKER: Gates.
ADDRESS: 4107 Finney

N.B. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.