

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

Do not use this space.

35567

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City of St. Louis, (No. St. Anthony Hospital).

File No.

Registered No. 30638

St. Ward)

2. FULL NAME Sister M. Theodora, nee: Elisabeth Brockmann

(a) Residence. No. 3520 Chippewa Street, St., 16 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 8 mos. 12 ds. How long in U.S., if of foreign birth? 53 yrs. 1 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 2. 1851.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>2</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Religious

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salzkotten, Westfalia
(STATE OR COUNTRY) Germany.

10. NAME OF FATHER Heinrich Brockmann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maria J. Baumhögger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT Sister M. Ludgera, Sec.
(Address) 3520 Chippewa Street

15. FILED 7 29 1928 Max G. Starkeff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1928

17. I HEREBY CERTIFY that I attended deceased from April 1928 to Oct 27 1928.
that I last saw her alive on Oct 27 1928, and that death occurred, on the date stated above, at 1208 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Causes of Stomach
Ulcers
W.H.W.
..... (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) W.H.W.
..... (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical judgment

(Signed) W.H.W., M. D.
10/28, 1928 (Address) 506 Blair

*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 SS. Peter & Paul Cemetery. DATE OF BURIAL Oct. 30 1928

20. UNDERTAKER W. G. Goble & Son Co ADDRESS 2842 Meramec

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.

