WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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. 19768

Township ..... Primary Registration District No. 1003 Registered No. 5378

City St Louis (No. 3724 Vest Ave St. ..... Ward)

2. FULL NAME Louis E Brockmiller

(a) Residence. No. 3724 Vest Ave St., 20 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clara H. Brockmiller

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	64	8	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Constable
(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) Germany

PARENTS

10. NAME OF FATHER Conrad Brockmiller

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

12. MAIDEN NAME OF MOTHER Louise Rinne

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

14. INFORMANT Clara H Brockmiller
(Address) 3724 Vest Ave

15. FILED MAY 15 1929 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 13 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1929, to May 13th, 1929 that I last saw him alive on May 13th, 1929, and that death occurred, on the date stated above, at 9:12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Cardiac dilatation & Edema of Lungs due to Anasarca from Tubercular cause unknown (duration) ..... yrs. ..... mos. 15 ds.

CONTRIBUTORY (SECONDARY) Generalized Anasarca about (duration) ..... yrs. ..... mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? NO DATE OF ✓
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) J C M Fisher M. D.
, 19 (Address) 3801 Lee Ave

*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	DATE OF BURIAL
Carlinville Ill	5/15 1929
20. UNDERTAKER	ADDRESS
Theo. A. Beiderwieden	1936 St. Louis

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