

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

Do not use this space.

24137

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. Mo Baptist Hospital) St. Ward)

2. FULL NAME

(a) Residence, No. St., 12 Ward, Farmington Mo
(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 <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy Guener</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 7-1887</u>		
7. AGE	YEARS <u>44</u>	MONTHS <u>7</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. <input checked="" type="checkbox"/>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Francis Co Mo</u>		
FATHER	13. NAME <u>John Brockmiller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Emma Cleve</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Francis Co Mo</u>	
17. INFORMANT <u>Roy Guener</u> (ADDRESS) <u>Farmington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmington Mo</u> DATE <u>7-6-32</u>		
19. UNDERTAKER <u>John Heident</u> (ADDRESS) <u>Farmington Mo</u>		
20. FILED <u>JUL - 5 1932</u> <u>W. C. Starkley</u> Registrar		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 3, 1932 to July 3, 1932
last saw her alive on July 13, 1932 Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:
Acute Intestinal Obstruction Date of onset
Post-operative adhesions
obscurely granular Hypertrophy of the Appendix
Other contributory causes of importance:
Obstruction due to adhesions from a former operation for what unknown
St. Francis Hospital Date of July 2-3
(Name of operation) (What test confirmed diagnosis) Guener Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. S. Wain M. D.
(Address) 500 N. Main St. St. Louis

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.

