

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

Do not use this space.

34834

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.....)

Registration District No. 191
Primary Registration District No. 183
City Hospital #1

File No.....
Registered No. 9006
St..... Ward.....

2. FULL NAME Edward H. Brockmeyer Sr.

(a) Residence, No. 1557 S. 2nd Street St. 23 Ward.....
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Brockmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	1	22	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Water Department
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (City of St. Louis)
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Missouri
(STATE OR COUNTRY)

13. NAME Gerhardt Brockmeyer

14. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

15. MAIDEN NAME Wilhelmina (Unknown)

16. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Emma Brockmeyer
1557 S. 2nd Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia DATE Oct. 19, 1933

19. UNDERTAKER (ADDRESS) Wick Bros
2201 S. Grand Boulevard

20. FILED Oct 18 1933 J. Bredack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 17, 1933

22. No physician in attendance
HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4:15 P.M.

The principal cause of death and related causes of importance were as follows:

Fracture of the spine
falling in yard at residence

Other contributory causes of importance:

Accident

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Oct 13, 1933

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury fall
Nature of injury Fracture of spine

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....

(Signed) Karol Bredack
(Address) Dep. Registrar

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.

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