

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

Do not use this space.

38288

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. City Hospital)

File No.
 Registered No. **9931**
 St. Ward

2. FULL NAME

(a) Residence, No. 3605 Commonwealth Ward. 4
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Brockman
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1860
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 73 4 28

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 13. NAME not known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Agnes Brockman (ADDRESS) 3605 Commonwealth
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 11/18 1933
 19. UNDERTAKER (ADDRESS) Crowman
 20. FILED NOV 18 1933 Registrar. J. Bredek

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1933
 22. I 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 6:15 p.m.
 The principal cause of death and related causes of importance were as follows:

Septic Peritonitis due to Rupture of Small Intestine
 Date of onset 9-60
 Other contributory causes of importance Compound fragments fracture of left tibia & fibula. Reversed wheel wheels into right of auto.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Nov. 17, 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.
 Manner of injury Walked into auto - (Pedestrian)
 Nature of injury Fracture of left tibia & fibula

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify. (Signed) Harold H. Kelly M.D.
 (Address) 1127 33

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.

IN REVERSED

NO. 2.

