

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

Do not use this space.

15207

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo.

(No. 4630 Nebraska Avenue)

File No.
Registered No. 4426
St. Ward)

2. FULL NAME Barbara Brømerkamp

(a) Residence, No. 4630 Nebraska Avenue St. 15 Ward.

(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 Female	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 William D. Brømerkamp		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1867		
7. AGE	YEARS 67	MONTHS 1
	DAYS 16	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
	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.....

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

13. NAME **Joseph Wise**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **William D. Brømerkamp**
(ADDRESS) **4630 Nebraska Avenue**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **SS. Peter & Paul** TE **May 2nd** 19**34**

19. UNDERTAKER **Wick Brothers**
(ADDRESS) **2201 S. Grand Boulevard**

20. FILED **7-1 1934** **J. J. Brømerkamp**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 27th** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **April 18** 19**34** to **April 27** 19**34**
I last saw him alive on **April 27** 19**34** Death is said to have occurred on the date stated above, at **10:35 P.M.**

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

Carcinoma of Stomach & Liver
4/25
Other contributory causes of importance: **HOE** **ifc**

Name of operation **Cholecystectomy** Date of operation.....
What test confirmed diagnosis..... Was there an autopsy?.....

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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **Yes**

If so, specify.....
(Signed) **W. D. Brømerkamp**, M. D.

(Address) **1446 S. Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

2-29

10

10

9-10 2000