

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.

NOV 13 1934

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

Do not use this space.

31507

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
City Hospital

File No.....
Registered No. **9911**
St. Ward)

2. FULL NAME

(a) Residence, No. **4912 - Belvoir St.** **9** Ward.
(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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>5-19-34</i>				
7. AGE	YEARS <i>0</i>	MONTHS <i>2</i>	DAYS <i>19</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Nil</i>			
	9. Industry or business in which work was done, as milk 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) <i>St Louis Missouri</i>				
FATHER	13. NAME <i>Geo Brockel</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>			
MOTHER	15. MAIDEN NAME <i>Alice Bell</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St Louis Mo</i>			
17. INFORMANT <i>Howard N. Schulz</i> (ADDRESS) <i>Corners Office</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Potters Field</i> DATE <i>10/10</i> 19 <i>34</i>				
19. UNDERTAKER (ADDRESS) <i>3029 Lafayette</i> <i>J F Brudeck</i> Registrar.				
20. FILED <i>ST</i> <i>10</i> 1934 <i>19</i>				

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-8* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to *4/30* 19..... Death is said to have occurred on the date stated above, at *a* m.

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

Date of onset

Broncho-Pneumonia
11/10/34
10/10/34
10/10/34

Other contributory causes of importance:
Malnutrition
Gastro-enteritis

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? 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?
If so, specify

(Signed) *John P. Culanney*, M.D.
(Address) *Deputy Coroner*
10/10/34

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
530 SOUTH EAST ASIAN AVENUE
CHICAGO, ILLINOIS 60607

Dear Sir:

I have the honor to acknowledge the receipt of your letter of the 15th inst. regarding the matter mentioned therein. I am sorry that I cannot give you a more definite answer at this time, but the matter is still under consideration.

I am sure that you will understand the need for a thorough review of the situation before a final decision can be reached. I will be glad to discuss this matter further with you at any time.

Very truly yours,
[Signature]

RECEIVED 1954 OCT 15 10 10 AM