

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.

NOV 22 1934

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

Do not use this space.

37199

1. PLACE OF DEATH

County St. Louis Registration District No. 785
Township Bankersville Primary Registration District No. 3037
City Lickwood (No. 1166) Rosehill Ave St. _____ Ward _____

File No. _____
Registered No. 270

2. FULL NAME Frederick D. Brockman

(a) Residence, No. 116 East Rose Hill St., Ward. Lickwood
(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>M.</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>Mathilda Brockman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25 1865</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>8</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Wm Brockman</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Johanna Nabel</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Mrs Mathilda Brockman</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Hill Cem</u> DATE <u>10-13-1934</u>		
19. UNDERTAKER <u>Louis D Bopp Lickwood</u> (ADDRESS)		
20. FILED <u>10-17-1934</u> <u>Agnes C. Kelly Dept</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1934, to Oct 10, 1934
I last saw h.i.m. alive on Oct 10, 1934. Death is said to have occurred on the date stated above, at 2:55 P.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach
Date of onset 1933

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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? no
If so, specify _____
(Signed) Abred Jaegerman, M. D.
(Address) Jefferson Ave

Dear Mr. [Name]:

I have received your letter of the 10th and am sorry that I cannot give you a more definite answer at this time. The matter is being reviewed and I will be in touch with you again as soon as a final decision has been reached.

I am sure that you will understand the need for thoroughness in this process. We are committed to providing the highest quality of service and ensuring that all our clients' needs are met.

Thank you for your patience and understanding. I will contact you again once a final decision has been reached.

Sincerely,
 [Name]
 [Title]

10-10-1954

10-10-1954