

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

Do not use this space.

APR 25 1935

14190

1. PLACE OF DEATH

County St. Louis Registration District No. 789
 Township St. Louis Primary Registration District No. 6033
 City St. Louis No. 8724 Caroline Street St. _____ Ward _____

2. FULL NAME Mrs. Emma Brockmeier

(a) Residence, No. 8724 Caroline Street St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theo. C. Brockmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1868

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
67 - 28

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) Okawville, Ill.

FATHER 13. NAME Henry Hohlt

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

MOTHER 15. MAIDEN NAME Marie Segelhorst

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

17. INFORMANT Mrs. A. C. Auser
 (ADDRESS) 8724 Caroline Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Our Redeemer DATE April 4, 1935

19. UNDERTAKER Widener & Sons Funeral Home
 (ADDRESS) 1926 St. Louis Ave.

20. FILED 4-2- 1935 W. A. Baehner
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1935, to April 1, 1935.

I last saw her alive on April 1, 1935 Death is said to have occurred on the date stated above, at 6:30 P.M.

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

Chronic Nephritis
Chronic Myocarditis
Arterial Sclerosis
Chronic Capillitis
Paratyphoid

Other contributory causes of importance:
Arterial Sclerosis
Chronic Capillitis
Paratyphoid

Date of onset
Several yrs.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Feb 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) Arnold H. Wurger, M. D.
 (Address) 8900 St. Charles Rd.

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.

Mr. W. A. ...
Brown 1 ...

2-4 7-8