

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

Do not use this space.

JUL 27 1935

20914

1. PLACE OF DEATH

County *St. Louis*
Township *Meramec*
City *St. Louis* (No. *787*)

Registration District No. *60.32*
Primary Registration District No. *60.32*

File No. *20914*
Registered No. *20914* Ward *1*

2. FULL NAME

Charles E. Brockman
(a) Residence, No. *Glencoe, Mo.* St. *St.* Ward *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

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 8 - 1935*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) *Mildred Brockman*

22. I HEREBY CERTIFY That I attended deceased from *Feb. 22, 1935*, to *June 8, 1935*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 21-1903*

I last saw him alive on *June 7, 1935* Death is said to have occurred on the date stated above, at *5:30 a.m.*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *32 11 17*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *General labor*

Fracture of spine at region of 12th thoracic and 1st lumbar vertebra with paralysis of body below lesion. Injury was received when patient fell from a tree.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *any labor available*

Other contributory causes of importance: *marasmus due to above cause*

10. Date deceased last worked at this occupation (month and year) *2-5-35* 11. Total time (years) spent in this occupation *10*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Co Mo.*

Name of operation *Laminectomy* Date *Feb 23, 1935*

13. NAME *John J. Brockman*

What test confirmed diagnosis? *X-ray* Was there an autopsy? *no*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Glencoe, Mo.*

23. If death was due to external causes (violence), fill in the following: Accident, suicide, or homicide? *Accident* Date of injury *Feb 22, 1935*

15. MAIDEN NAME *Unnie Johnson*

When did injury occur? *near home* (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Charles Co Mo.*

Specify where injury occurred in industry, in home, or in public place. *near home*

17. INFORMANT (ADDRESS) *Mildred Brockman Glencoe Mo.*

Manner of injury *Fracture of spine*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Bethel Cem Bond.* DATE *June 10 35*

Date of injury *Fell from a tree*

19. UNDERTAKER (ADDRESS) *Seprader Funeral Home Ballwin, Mo.*

24. Was disease or injury in any way related to occupation of deceased? *no*

20. FILED *June 10, 1935 Mrs. Sicker Registrar.*

If so, specify. (Signed) *B. R. Loving* M. D. (Address) *Ballwin, Mo.*

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

cc - Jacm

6/9/35

This patient was in St Louis County Hospital after
rising

L. H. Smith
St Louis Co