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.

JAN 13 1936

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

Do not use this space.

791

41685

1. PLACE OF DEATH

County ..... Registration District No. 1002 File No. 10929

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. St. Johns Hospital St. ..... Ward)

2. FULL NAME John Joe Brockmeyer

(a) Residence, No. 2809 Belt St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Belle Brockmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 9, 1884

7. AGE: YEARS 51 MONTHS 10 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Tile Layer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Irwin Tile & Mantel Co.
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 Mo.

FATHER
13. NAME: Fred Brockmeyer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Murphy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo.

17. INFORMANT (ADDRESS): Belle Brockmeyer 2809 Belt

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Calvary DATE: Dec 26, 1935

19. UNDERTAKER (ADDRESS): Chas. F. Stuart 1225 Union Blvd.

20. FILED DEC 24 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 23, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/30/35, 19..., to 12/23/35, 19...
I last saw him alive on 12/22/35, 19..... Death is said to have occurred on the date stated above, at 4:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis liver	2
1246	

Other contributory causes of importance:

Hemoptysis	3 wks
Non-Tuberculous	

Name of operation: Talma Date of 12/15/35
What test confirmed diagnosis? Operation. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) O D Fack, M. D.
(Address) Rosemont Ward Bldg