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.

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

OCT 1 1936

Do not use this space.

32272

1. PLACE OF DEATH
County St. Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 6033 — Registered No. 263
City Clayton Rt. 2 (No. , St. Ward)

2. FULL NAME Baby Brockman
(a) Residence, No. ~~Clayton Mo Rt 2~~ St., Overland Mo
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18. 36

7. AGE YEARS MONTHS DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Clayton Overland Mo Mo. Rt. 2

FATHER
13. NAME Harold L. Brockman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co Mo

MOTHER
15. MAIDEN NAME Mildred Sandoz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fern Ridge Mo.

17. INFORMANT (ADDRESS) Harold Brockman Overland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bethel Century Pond Mo DATE Aug 22 1936

19. UNDERTAKER (ADDRESS) Don Brockman Acting Overland Mo

20. FILED 8-22 1936 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21st, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug. 18th, 1936, to Aug. 21st, 1936
I last saw him alive on Aug. 21st, 1936. Death is said to have occurred on the date stated above, at 11:55 p.m.
The principal cause of death and related causes of importance were as follows:

Premature Birth (7 Months) — Date of onset 8.18.36

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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) H. T. Coleman, M. D.
(Address) Pattonville Mo.