

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

Do not use this space.

SEP 15 1936

791  
1003

32592  
8463

1. PLACE OF DEATH

County.....  
Township.....  
City St. Louis

Registration District No.....  
Primary Registration District No. Barnes Hospital  
(No. ....)

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME MILDRED MARY BROCKMEYER

(a) Residence, No. 402 BRADFORD St. WEBSTER GROVES, MO. NR Ward. WEBSTER GROVES, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 6-23, 1936, to 7-12, 1936

I last saw her alive on 7-12, 1936. Death is said to have occurred on the date stated above, at 11:58 a.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 30, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 4 13

CARCINOMA of esophagus Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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

None Date of None  
What test confirmed diagnosis? BRONCHOSCOPE autopsy? YES  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19no  
Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

13. NAME Otto Pauls

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

15. MAIDEN NAME Amelia Uttasky

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT Edwin Brockmeyer (ADDRESS) 402 Bradford Av. Webster Groves, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Missouri Crematory Aug. 14, 1936

19. UNDERTAKER Wacker Helderle (ADDRESS) 2331 S Broadway

20. FILED AUG 14 1936 Registrar J. H. Bradley

Name of operation None Date of None

What test confirmed diagnosis? BRONCHOSCOPE autopsy? YES

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 19no

Where did injury occur? no (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

Nature of injury no

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

If so, specify (Signed) J. H. Bradley, M. D.

(Address) BARNES HOSPITAL

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.

