

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**

Do not use this space.

**JAN 20 1937**

46272

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **De Paul Hospital**)

File No.....  
 Registered No. **12058**  
 St. .... Ward)

**2. FULL NAME** KENNETH EDMUND BROCKEL

(a) Residence, No. 1421a Penrose Street St. 9 Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 1 yrs. 0 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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) **Nov. 29th 1934**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<b>2</b>	<b>0</b>	<b>7</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 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) **Belleville**  
 (STATE OR COUNTRY) **Illinois**

13. NAME **Earl Brockel**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**  
 (STATE OR COUNTRY) **MO.**

15. MAIDEN NAME **Myrtle Lill**

16. BIRTHPLACE (CITY OR TOWN) **Belleville**  
 (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Edmund Lill**  
 (ADDRESS) **Belleville Ill.**

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE **Green Mount** DATE **Dec. 9th 1936**

19. UNDERTAKER **Geo. Kammor**  
 (ADDRESS) **120 N. 11th St. Belleville**

20. FILED **JEC 8 1936** **J. F. Bredeck**  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 6th 1936**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 5 1936**, to **Dec. 6 1936**,  
 I last saw him alive on **Dec 6 1936** Death is said to have occurred on the date stated above, at **6:25 p.m.**

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

**Ruptured gangrenous appendix** Date of onset **3 days**

Other contributory causes of importance: **181**

Name of operation **appendectomy** Date of **12/6/36**  
 What test confirmed diagnosis? Was there an autopsy?

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?  
 If so, specify **Arthur Smedley** M. D.  
 (Signed) **Arthur Smedley** (Address) **2202 University St.**

