

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....  
City St Louis

Primary Registration District No. **1003**

(No. 3538 Crillenden)

File No. **18030**  
Registered No. **4606**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 3538 Crillenden St., No. 10 Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>84</u>	<u>4</u>	<u>22</u>	

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

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) Switzerland

13. NAME Melchar Brockie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Elizabeth Hockett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Paul Kammere  
3538 Crillenden

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Marcus DATE May 6, 1937

19. UNDERTAKER (ADDRESS) Louis H. Gopfert  
1111 N. 1st St

20. FILED MAY 5 - 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4<sup>th</sup>, 1937

22. I HEREBY CERTIFY That I attended deceased from April 29<sup>th</sup>, 1937, to May 4<sup>th</sup>, 1937. I last saw him alive on May 4<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 4:45 p.m.

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

Bronchopneumonia Date of onset 4-28-37  
10:10

Other contributory causes of importance:

Chronic pyrophosphates  
bronchitis

Name of operation Amputation Date of 5-4-37  
What test confirmed diagnosis Amputation 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 5-4-37, 1937

Where did injury occur? NO (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NO  
Nature of injury NO

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

(Signed) G. A. Baker M. D.  
(Address) 3353 Broadway St St Louis

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.

