JAN 10 1938

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

43405
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 1655
(c) City St. Louis (d) Street No. Lutheran Hosp. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 35 yrs. mos. ds.

2. PRINT FULL NAME Bernard Brockmeier
(a) Residence, No. 4057 Flad Av. St. 17
(Usual place of abode, if no street address, write county or city) (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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 12 1877

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	0	4	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Propreitor
9. Industry or business in which work was done, as saw mill, bank, etc. Tavern
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

FATHER
13. NAME Unknown Brockmeier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

17. INFORMANT (ADDRESS) Josephine Brockmeier 4057 Flad Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Crematory DATE 12-22 1937

19. FUNERAL DIRECTOR (ADDRESS) Witt Bros L & H Co. 2929 S. Jefferson Av

20. FILED DEC 20 1937 19 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty degeneration Myocardium	
Edema of Brain	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes

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) Alfred J. Perry M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shanklin

L. E.

No. 3472 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)