

REC'D APR 1 1938

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

8860
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City Saint Louis (d) Street No. 4545 Arco 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? yrs. mos. ds.

Registered No. **2449**2. PRINT FULL NAME Frank A. Brockmeyer **625**

(a) Residence, No. 4545 Arco St. **18**
(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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoe Salesman
9. Industry or business in which work was done, as 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) St. Louis
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Bernard Brockmeyer

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

MOTHER 15. MAIDEN NAME Dora Luebring

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

17. INFORMANT Aurelia Brockmeyer
(ADDRESS) 4545 Arco

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE 3/14, 1938

19. FUNERAL DIRECTOR Thomas J. Quinn
(ADDRESS) 1519 South Grand Boulevard

20. FILED MAR 12 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-7- 1934 to 3-12- 1938

I last saw him alive on 3-12- 1938. Death is said to have occurred on the date stated above, at 4 A m.

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

ARTERIO-SCLEROSIS +
MYOCARDIAL DEGENERATION 1934

Other contributory causes of importance:

ACUTE DILATATION OF HEART 1938

Name of operation X Date of X
What test confirmed diagnosis? CYANOSIS + PULSILES 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 1

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

(Signed) Miller E. Frank M. D.
(Address) 3501 California St.

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.

STATEMENT BY LICENSED EMBALMER

I, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed John Ketter
Licensed Embalmer No. 3880

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.)