REC'D MAY 10 1938

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

12896
Do not use this space.

2
1

1. PLACE OF DEATH

(a) County..... Registration District No.....

(b) Township..... Primary Registration District No..... Registered No. 3500

(c) City St. Louis, Mo. (d) Street No. 2727 Wash St. 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.

2. PRINT FULL NAME Mrs. Mary Brockman

(a) Residence, No. 2727 Wash St. St. 21
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
F.	Negro	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 9, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	8	---	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. Hwk.

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) Mobile, Alabama.

FATHER

13. NAME Edward Booker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Georgia.

MOTHER

15. MAIDEN NAME Rebecca Eve

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Augusta, Georgia.

17. INFORMANT Mrs. Rebecca Thomas
(ADDRESS) 2727 Wash Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE April 14, 1938

19. FUNERAL DIRECTOR (NAME) W.C.Gordon Und. Co.
(ADDRESS) 2649 Delmar Blvd.

20. FILED APR 14 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1938 to April 9, 1938

I last saw her alive on April 7, 1938. Death is said to have occurred on the date stated above, at 9 a.m.

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

	Date of onset
Mitral insufficiency	
Other contributory causes of importance:	
Chronic nephritis	

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Name of operation..... Date of.....

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.....

(Signed) A. H. Gordon, M. D.

(Address) 1055 N. Lafayette

(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.

THIS IS A PERMANENT RECORD

X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

W. C. Gordon, or by .....

Registered Apprentice No....., working under my personal supervision.

Signed W. C. Gordon

Licensed Embalmer No. 3489

P. O. Address 2649 Delmar Bl

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.)

If this body is not embalmed, above space should be left blank.