

DEC'D NOV 16 1938

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

34335
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **ST LOUIS MO** (d) Street No. **DE. PAUL** **1003** 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 **63** yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **624 ELIZABETH BROCKELMANN.**
1627 N. 17th ST. St. **26**
 (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 **FEMALE** 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) **MAY 7th 1875**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSE WORK**
 9. Industry or business in which work was done, as saw mill, bank, etc. **AT HOME**
 10. Date deceased last worked at this occupation (month and year) **AUG 1938** 11. Total time (years) spent in this occupation **59**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS MO.**

FATHER 13. NAME **GEORGE BROCKELMANN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

MOTHER 15. MAIDEN NAME **CATHERINE HILKE**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **GERMANY**

17. INFORMANT (ADDRESS) **Geo J Brockelmann 1627 N. 17. STR.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **SS. PETER=PAUL** DATE **OCT. 28th 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **BROCKLAND UND. CO 1827 HOGAN STR**

20. FILED **OCT 27 1938** **J. F. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **OCT 25th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 1** 19**38**, to **Oct. 25** 19**38**.
 I last saw her alive on **Oct. 25** 19**38**. Death is said to have occurred on the date stated above, at **4:15 P. M.**
 The principal cause of death and related causes of importance were as follows:

rightes Miltitis
Streptococcus septicaemia
 Date of onset **20th 9-14th 38**

Other contributory causes of importance:
Inhalation anaesthesia started in laboratory to opening abscess right thigh **10:25 38**
 Name of operation **abscess opened right thigh** Date of **9-24-38**
 What test confirmed diagnosis? **laboratory** 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.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **J. C. Creaney** M. D.
 (Address) **2504 N. 14th 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John B. Brockland

or by

Me

Registered Apprentice No., working under my personal supervision.

Signed

John B. Brockland

Licensed Embalmer No.

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P. O. Address

St Louis Mo.

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.