

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.

AN -3 1939

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

Do not use this space.

44496

1. PLACE OF DEATH

County St. Louis 1 Registration District No. 784
Township _____ Primary Registration District No. 131
City Richmond Heights (No. _____, St. Mary's Hospital St. _____ Ward _____

File No. _____
Registered No. 2155

2. FULL NAME Unamed

(a) Residence, No. 4313 N. 19th St. St. Louis Mo. Ward _____ (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-38

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) St. Mary's Hospital (STATE OR COUNTRY) St. Louis Mo.

13. NAME Henry Conrad Brockel

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

15. MAIDEN NAME Leona Helen Happe

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

17. INFORMANT Dr. Mary Reid (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Dr. Mary Lab. DATE _____ 19

19. UNDERTAKER _____ (ADDRESS) _____

20. FILE DR. Meyer M. D.D.P.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/31 3:30 to 12/31 4:30, 1938

I last saw him alive on 12/31, 1938. Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Premature labor due to mother being in auto accident.

Other contributory causes of importance: _____

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 _____, 1938

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) Lee Higman, M. D.

(Address) 1500 Olive

AN -3 1939

DR. Meyer M. D.D.P.
Registrar

