

REC'D MAR 13 1939

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

4412
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township St. Louis Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 4902 St. Louis Ave Registered No. 1105
(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

(a) Residence, No. 625 Selma Brockmeier
4902 St. Louis Ave St. 6 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DR MARTIN L Brockmeier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-2-1905

7. AGE YEARS 34 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Henry Hasheider

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Caroline Hasheider

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) DR M. L. Brockmeier
4902 St. Louis Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Oxawville Ill DATE 3-5-39

19. FUNERAL DIRECTOR (ADDRESS) Sullivan
2849 No. Euclid

20. FILED FEB 3 1939 J. D. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1938 to Feb 2 1939
I last saw her alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:
Sarcoma (leg + lungs)
(Spindle cell)
Primary seat in leg left

Other contributory causes of importance:
53

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy from leg 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) W. J. Jones M. D.
(Address) 4500 Olive 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, Albert Mayfield, Licensed Embalmer No. 3077
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Albert Mayfield
L. E. Henry Chas. Tunasi
No. _____ or by _____, Registered Apprentice No. 170
working under my personal supervision.
Signed Albert Mayfield
Licensed Embalmer No. 3077

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.)