

Every year 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.

B 27 939

550 MAR 9 1939

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

7856
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784

(b) Township Central Primary Registration District No. 1116 Registered No. 357

(c) City Valley Park (d) Street No. 3rd and St. Louis Ave. 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 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Elisha Francis Brockman

(a) Residence, No. 3rd and St. Louis Ave. St. (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	51	5	0	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Co., Mo.

FATHER 13. NAME Louis Brockman

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

MOTHER 15. MAIDEN NAME Mary Iron Kirk

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

17. INFORMANT (ADDRESS) Coldie Brockman
Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cemetery
a Pond, Mo. DATE Mar. 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Abraham Funeral Home
Ballwin, Mo.

20. FILED FEB 27 1939 G. R. Meyer, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938 to 1939, 19 1939

I last saw him alive on Feb. 25, 1939. Death is said to have occurred on the date stated above, at 5:35 AM

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

1. Chronic myocarditis with decompensation
 2. Chronic nephritis
 3. Arteriosclerosis of liver
- Other contributory causes of importance: arteriosclerosis

Date of onset

Name of operation none Date of none

What test confirmed diagnosis? Physical 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 home

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. R. Loring M. D.
Ballwin, Mo. (Address)

(Deceased Examinee's Statement on Reverse Side)

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

Signed *Theo. Schrader*
Licensed Embalmer No. *3066*
P. O. Address *Ballwin, 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.