REG'D JUN 12 1939

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

16943
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 9 791 1003

(b) Township St Louis Mo Primary Registration District No. ..... Registered No. 4477

(c) City ..... (d) Street No. 4752 Green 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 625 Julia Brockmann

(a) Residence, No. 4752 Green Ave St. 6
(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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frank Brockmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-21-1853

7. AGE: Years 85 | Months 7 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Germany

FATHER

13. NAME: Henry Becker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Annie Becker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Ed Brockmann 4752 Green Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Valhalla DATE: 5-16-39

19. FUNERAL DIRECTOR (ADDRESS): Sullivan 2849 Meeslid

20. FILED MAY 15 1939 19 J. B. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st 1937, to May 14 1939
I last saw her alive on May 13th 1939. Death is said to have occurred on the date stated above, at 1145 p.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach — Date of onset: about 2 years ago

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Peter A Bock, M. D.
(Address) 4701 Shenandoah Ave St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X12004

AR ECN
MARCUS + STL AVE
EV 6756

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

E. E.

No. or by Henry Chas Tunesi, 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.)