

Registration District No. 721 Primary Registration District No. _____

1. PLACE OF DEATH: LUIS JAN 12 1940
 (a) County _____
 (b) City or town Saint Louis Missouri.
 (c) Name of hospital or institution: City Hospital.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

3. (a) PRINT FULL NAME Charles Brokate. 623
 8. (b) If veteran, name war _____ 8. (c) Social Security No. 494-09-7173

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Cordelia Brokate. 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased December 26th, 1878.
 (Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 22
 If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, Missouri.
 (City, town, or county) (State or foreign country)

10. Usual occupation Bricklayer

11. Industry or business _____

MOTHER FATHER { 12. Name Brokate
 13. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cordelia Brokate.
 (b) Address 3512-A Missouri Ave.

17. (a) Burial (b) Date thereof Dec. 21st, 39.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery,

18. (a) Signature of funeral director Ziegler Bros.
 (b) Address 2623 Cherokee Street.

19. (a) DEC 20 1939 (b) J.F. Beckwith
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1
 (a) State Missouri. (b) County _____
 (c) City or town Saint Louis, Missouri. 24
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3512-A Missouri Ave.
 (If rural, give location)
 (e) If foreign born, how long in U.S.A. _____ years.

20. DATE OF DEATH: Month December day 18th,
 year 1939. hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Arteriosclerosis
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work _____ (Specify type of place) _____ (Means of injury)
 23. Signature Alfred Henry (M. D. or other) _____
 Address St. Louis, Missouri Date signed 12-20-39

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

N. L.—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, or by

Registered Apprentice No.

working under my personal supervision.

Signed

J. E. Morris

Licensed Embalmer No.

3360

P. O. Address

2628 Cherok

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.