

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

33611

Registrar's No.

8308

NOV 16 1940 791

Primary Registration District No.

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Dr. Fred J. Brockman

8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna K Brockman 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 10, 1885
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Nokomis, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Dentist

11. Industry or business _____

12. Name Wm F Brockman

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Pohnitz
(City, town, or county) (State or foreign country)

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm F Brockman

(b) Address 49 Garden Lane

17. (a) Burial (b) Date thereof 10.8/1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nokomis, Ill.

18. (a) Signature of funeral director Wm F Brockman

(b) Address 49 Garden Lane

19. (a) Oct 8 1940 (b) J. F. Brockman
(Date received by registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town KIRKWOOD (If outside city or town limits, write "RURAL") NR
(d) Street No. 9 GARDEN LANE (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1940 hour 5 minute 05 P.M.

21. I hereby certify that I attended the deceased from 9-11-40
_____, 19____, to 10-5, 1940;
that I last saw him alive on 10-5-40, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Duration _____

Adenoma of pituitary
Diabetes Mellitus

Due to Arteriosclerosis

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Post mortem = Removal of Medulla

Major findings: Hypertrophy, dilatation of heart

Of operations: T.B. of prostate

Of autopsy: Adenoma of pituitary, Thyroid

central hyperplasia of adrenals

Underline the cause to which death should be charged statistically.

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? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature FR Bradley (M.D. or other) _____

Address BARNES HOSPITAL Date signed 10-6-40

(Licensed Embalmer'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.....

Louis H. Bopp

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Louis H. Bopp

Licensed Embalmer No.....

921

P. O. Address.....

Kirkwood 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.