

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4345

State File No. _____
Registrar's No. 21

Registration District No. 784 Primary Registration District No. 200

76000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Sherman
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution none
In this community 0-2 months
years, months or days

3. (a) PRINT FULL NAME Rose Mary Brockman
3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife none
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased Oct. 15- 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 2 28 hr. min.

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

10. Usual occupation none

11. Industry or business none

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

14. Maiden name Bessie Brockman

15. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Brockman
(b) Address Sherman, Mo.

17. (a) Burial (b) Date thereof Jan. 6-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) JAN 4 1941 (b) R. M. Meyer, M.D. P.H.
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Sherman
(If outside city or town limits, write "RURAL")
(d) Street No. ? Hunt Ave. J
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 3
year 1941 hour 8 minute 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 natural causes
Duration

Due to Lobar pneumonia

Due to _____
Other conditions 108
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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? _____ (b) Means of injury _____
23. Signature Louis H. Meyer, M.D. P.H. 3
Address Kirkwood, Mo. 1/4/41 Date signed

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 *Ther. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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, fact should be so stated above.