

No. 2
13-40
17-39
XZ315

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8237

State File No. _____

FEB MAR 11 1941

Registration District No. 704

Primary Registration District No. 200

Registrar's No. 386

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7101 Robbins Ave. Wellston, Mo.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 3 years 6 months

3. (a) PRINT FULL NAME Delores M. 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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 5, 1937
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>3</u>	<u>7</u>	<u>13</u>	hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Emil D. Brockman

13. Birthplace St. Louis Co., Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bernice Koste

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

16. (a) Informant Emil D. Brockman

(b) Address 7101 Robbins, Wellston, Mo.

17. (a) Burial (b) Date thereof 2/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem., 2101 S. Lincoln St. Hunt

18. (a) Signature of funeral director Schradler Funeral Home Rd.

(b) Address Bellvue, Mo.

19. (a) FEB 19 1941 (b) J.R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis, Mo.

(c) City or town Wellston
(If outside city or town limits, write "RURAL")

(d) Street No. 7101 Robbins Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18, year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 12 1941, to Feb 18 1941 that I last saw her alive on Feb 17 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic hepatitis

Due to ?

Due to _____

Other conditions Congenital Heart
(Include pregnancy within 3 months of death)

Major findings: Of operations 157E

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? _____

(e) Means of injury _____
(Specify type of place)

23. Signature John H. Brock (M. D. or other) D

Address 1462 Union St. Date signed _____

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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

Alfred Schrader

Licensed Embalmer No. *3066*

P. O. Address *Dellwin, 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.