S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4137

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2031

1. PLACE OF DEATH:
(a) County
(b) City or town City of St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4018a Greer Ave.
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4018a Greer Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME EMMA A. BROCKMEIER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Edward H. Brockmeier
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 2 (Day) 1894 (Year)
8. AGE: Years 48 Months 0 Days 0 If less than one day hr. min.
9. Birthplace Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Henry Krausz
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Anna Mueller
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Edward H. Brockmeier
(b) Address 4018a Greer Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-7-42 (Month) (Day) (Year)
(c) Place: burial or cremation Okawville, Illinois
18. (a) Signature of funeral director SULLIVAN BROTHERS
(b) Address 2849 North Euclid
19. (a) MAR 5 - 1942 (Date received local registrar) (b) J. E. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1942 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from January 1, 1942, to March 3, 1942, that I last saw her alive on March 1, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypostatic pneumonia
Bronchial
Due to General Debility
Due to Carcinomatosis
Right Breast
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
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 Paul W. Davis (M. D. or other)
Address 2043 McPherson Date signed 3/4/42

(Licensed Embalmer's Statement on Reverse Side)

Dr Paul Davis

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 Albert. Mayfield

Licensed Embalmer No. 3077

P. O. Address St Louis 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.