

FILED APR 27 1942

1003

Registration District No. 1

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis.  
(b) City or town St. Louis.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
DePaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 1/2 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 26000  
(c) City or town St. Louis. 26 12  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 1502a Montgomery St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Infant Brockelman.

3. (b) If veteran, name war No. 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 April 20 1942.  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day 4 hr. 30 min.

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

10. Usual occupation Infant.

MOTHER FATHER  
11. Industry or business \_\_\_\_\_

12. Name Leo J. Brockelman.

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

14. Maiden name Marie Venaskie.

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

16. (a) Informant Leo J. Brockelman.

(b) Address 1502a Montgomery St.

17. (a) Burial (b) Date thereof 4-21-42.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) ADD 21 1942 (b) J. F. Brudek  
(Date of burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20  
year 1942 hour 9 15 minute a M.

21. I hereby certify that I attended the deceased from 9-20-42, 1942 to 9-20-42, 1942  
that I last saw him a alive on 9-20-42, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Spina Bifida  
Due to congenital defect  
Due to 15 11

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy \_\_\_\_\_

Duration

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature Walter H. Spoenemann  
Address 1506 St. Louis Date signed 4-21-42

844

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

1506 St. Louis ave.

St. Louis, Mo. 63103

5031 N. Kingshighway

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 *Homer L. Ponder*  
*Homer L. Ponder*  
Embalmers

Licensed Embalmer No. *3367*

P. O. Address *2223 St. Louis ave*

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.