S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 28 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 22640

Registrar's No. 6260

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7347 Sharp/Aveue
(If not in hospital or institution, write street number or location)

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

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. 7347 Sharp
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Susie L. Brockmeyer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife John Brockmeyer

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased December 20, 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	73	7	1	hr. min.

9. Birthplace St. Louis 0 Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Joseph Bastian
13. Birthplace Not known 5 Alsace Lorraine
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Scheer
15. Birthplace Not known 4 Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Erwin J. Brockmeyer
(b) Address 7347 Sharp

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/24/42
(Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois

JUL 22 1942

19. (a) (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1942 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jany 1st 1939, to July 21st 1942
that I last saw her alive on July 21st 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Bronchio — Duration 3 days

Due to Arterio-Sclerosis 10 Cerebral hemorrhage — ??

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy

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 0

23. Signature A H Hamel (M. D. or other)

Address 1460 So Grand Ave Date signed 7/21/42

(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.....

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

working under my personal supervision.

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Grancis

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.