S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25703

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7224

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

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17
9

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo (Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, Mo. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 7347 Sharp Ave.,
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME John Henry Brockmeyer.

3. (b) If veteran, name war

3. (c) Social Security No. 499-03-3197

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, 2 divorced widowed

6. (b) Name of husband or wife Susie L.

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

7. Birth date of deceased Mach 4th, 1868
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	5	22	hr. min.

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

10. Usual occupation Driver

11. Industry or business Fish Co.,

FATHER
12. Name John Brockmeyer
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name -------- Stege
15. Birthplace (City, town, or county) England 4 (State or foreign country)

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

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-29-42 (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 Ave.,

19. (a) AUG 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26 - year 1942 hour 4 minute 10 P.M.

21. I hereby certify that I attended the deceased from August 7th, 1942, to Aug 26, 1942 that I last saw him alive on Aug 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Pyloric obstruction

Due to Post-operative gastro-enterostomy

Due to Cirrhosis of the liver nutritional edema

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pyloric obstruction

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature C. Barber Mueller (M. D. or other)

Address Barnes Hosp. St Louis Mo Date signed 8-26-42

B

8 X 4 (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 Gravois

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.