

FILED APR 3 1948

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 2873

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: Jewish Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 070

(a) State Missouri (b) County 17

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 49

(d) Street No. 1438 E. Grand Ave.  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME ESTHER BROCKMAN

3. (b) If veteran, name war..... No.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25  
year 1943 hour 8 minute 30 P.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ben Brockman

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 10, 1943, to March 25, 1943, that I last saw her alive on March 25, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

about 66 -- -- -- hr. min.

Immediate cause of death..... Cerebral thrombosis 15 days

Due to Cerebral arteriosclerosis year

9. Birthplace Russia  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions arteriosclerosis  
(Include pregnancy within 1 month of death) CV Disease

11. Industry or business.....

MOTHER FATHER { 12. Name unknown

13. Birthplace Russia  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace Russia  
(City, town, or county) (State or foreign country)

Major findings: Of operations.....

Of autopsy.....

16. (a) Informant Harry Brockman  
(b) Address 717 Syracuse

17. (a) Burial (b) Date thereof 3-26-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cem.

18. (a) Signature of funeral director H. Rindskopf  
(b) Address 5216 Delmar Blvd.

19. (a) MAR 26 1948 (b) J. F. Bruders  
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury.....

23. Signature W. T. Rindskopf (M.D. or other) M.D.  
Address 216 S. Kingshighway Date signed 3/25/43

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..... *No Embalming*  
*H. Rindorf*

Licensed Embalmer No.....

P. O. Address.....

**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.**