

S. No. 2
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 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29159

State File No.

FILED SEP 20 1944

Registrar's No. 7956

Registration District No. 818

Primary Registration District No. 1003

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:
4846 Penrose Str.
(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. 4846 Penrose Str.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

1044
 17
 7/9

3. (a) PRINT FULL NAME Mamie Brockel
 3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 14
 year 1944 hour 4 minute P. M.

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 12, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 12, 1937 to Sept 14, 1944
 that I last saw her alive on Sept 14, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Cardio-vascular renal disease 7yrs.
 Duration
61
 Due to

8. AGE: Years Months Days If less than one day
76 5 2

Other conditions Diabetes Mellitus 7yrs.
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

Major findings:
 Of operations None
 Of autopsy None
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business
 12. Name George Brockel
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Wortman
 15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant John Kappel
 (b) Address 4846 Penrose Str.
 17. (a) Burial (b) Date thereof 9/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

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)

18. (a) Signature of funeral director M. W. Brock
 (b) Address 2117 E. Grand Blvd.
 19. (a) SEP 17 1944 (b) J. Brockel
(Date received local registrar) (Registrar's signature)

While at work
 23. Signature Edward H. ... (M. D. or other)
 Address 1302 W. ... St. Date signed 9-14-44

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

MOTHER FATHER

844 (Licensed Embalmer's Statement on Reverse Side)

Flotie Bernard H.

2500 Salisbury Court 9564

5428 Clemens Roadale 1305

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.