V. S. No. 2
100M—5-43
Rev. 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

State File No. 32094

FILED OCT 23 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8801

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

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: Enroute to City 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 3
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6517 Crest Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Brockmiller
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex 1 Female
5. Color or race White
6. (a) Single, widowed, married, divorced 2 Widow
6. (b) Name of husband or wife Louie E. Brockmiller
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 8 (Day) 1870 (Year)

8. AGE: Years 74 Months 7 Days 5 If less than one day hr. min.

9. Birthplace Carlinville (City, town, or county) Illinois 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name August Schupman
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Christina Blumenberg
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Ernest A. Bockmiller
(b) Address 6517 Crest Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)
(c) Place: burial or cremation Carlinville, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) OCT 17 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1944 hour 6 minute 20 P.M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death asphyxiation due to drowning when she was forced floating in Mississippi River near foot of Arsenal St. Oct. 13 1944 about
Due to 6.10 PM
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
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) Suicide
(b) Date of occurrence Oct 13 1944
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? (e) Means of injury Swam
23. Signature Alfred J Perry (M. D. or other)
Address Deputy Coroner Date signed 10/14/44

(Licensed Embalmer's Statement on Reverse Side)

1088

1088

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 Albert G. Lappe

Licensed Embalmer No. 2471

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.