

FILED FEB 16 1945 318  
 Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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:  
**5821 Wabada**  
(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)

**3. (a) PRINT FULL NAME** **Yetta Brockman**  
**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 **Widow**  
**6. (b) Name of husband or wife** **Peter Brockman** **6. (c) Age of husband or wife if** alive..... years  
**7. Birth date of deceased** **Unknown**  
(Month) (Day) (Year)

**8. AGE:** Years **93** Months Days If less than one day  
 About **93** hr. min.

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

**10. Usual occupation** **At home**

**11. Industry or business**

**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)

**16. (a) Informant** **Mollie Horowitz**

**(b) Address** **5821 Wabada**

**17. (a) Burial** **(b) Date thereof** **2-6-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

**18. (a) Signature of funeral director** **H. Rindke**

**(b) Address** **5216 Delmar Blvd.**

**19. (a) FEB 6 1945** **J. J. Brudsek**  
(Date received local registrar) (Registrar's signature)

**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. **5821 Wabada**  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No) **9**  
 If yes, name country..... **0**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **February** day **5**  
 year **1945** hour **10** minute **150** M.

**21. I hereby certify that I attended the deceased from** **Jan 1920** to **Feb 5 1945**  
 that I last saw him alive on **Feb 5 1945**  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
**Cerebral accident (hemorrhage)**  
 Due to **arteriosclerosis**

Due to.....  
 Due to.....  
 Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy..... **None made**

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?.....

While at work?.....  
(Specify type of place) (e) Means of injury

**23. Signature** **Carl Hobbs** (M. D. or other)  
 Address **Euclid, Mo.** Date signed **Feb 6 1945**

**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 *Herman Rindoff*  
.....  
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.**