

FILED 21 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. **318** Primary Registration District No.

1. PLACE OF DEATH **7**

(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:
4545 Arco Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

2. USUAL RESIDENCE **1003** OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**

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

(d) Street No. **4545 Arco**
(If rural, give location)

(e) Citizen of foreign country? **9** (Yes or No) **10**
If yes, name country

3. (a) PRINT FULL NAME **Dora Luebbering Brockmeyer**

3. (b) If veteran, name war **none**

3. (c) Social Security No. **none**

4. Sex **Female!** 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **B. H. Brockmeyer**

6. (c) Age of husband or wife if alive **12** years

7. Birth date of deceased **Feb. 11, 1857**
(Month) (Day) (Year)

8. AGE: Years **89** Months **8** Days **3** If less than one day hr. min.

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

10. Usual occupation **None**

11. Industry or business **At Home**

MOTHER FATHER { 12. Name **John F. Luebbering**

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

14. Maiden name **Maria Nieman**

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

16. (a) Informant **Arthur Brockmeyer**

(b) Address **4545 Arco Ave.**

17. (a) **Burial** (b) Date thereof **10-16-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Thos. J. Finan**

(b) Address **1519 S. Grand Blvd.**

19. (a) **OCT 14 1946** **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **14th**
year **1946** hour **4** minute **0** AM.

21. I hereby certify that I attended the deceased from **Oct. 14** to **Oct. 14**, 19**46**
that I last saw her alive on **Oct. 14**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure** **1 day**

Due to **General Arteriosclerosis** **?**

Due to **Hypertension, mild** **?**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **97**

Of autopsy

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 **10**

23. Signature **J. F. Brudeck** (M. D. of other) **10**
Address **Humboldt, Mo.** Date signed **10/14/46**

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

30000

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 *John Ketter*

Licensed Embalmer No. *3890*

P. O. Address *Irwin*

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.