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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **42187**
Registrar's No. **11024**

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

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:
City Hospital 0
(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 John G. Brocker
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife Margaret Brocker
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 11 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Moulder

11. Industry or business none

MOTHER FATHER
12. Name Henry Brocker
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Helmkamp
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Brocker

(b) Address 1503 Hogan st

17. (c) burial (b) Date thereof Dec 24; 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director A. Kov. L. U. Co

(b) Address 2707 N. Grand Blv 8d

19. (a) DEC 23 1946 (Date received local registrar)
J. F. Brocker (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. 1503 Hogan st
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23 year 1946 hour _____ minute 50 a.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 _____
Coronary Occlusion
Coronary Sclerosis
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) _____

(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 Alfred J. Perry (M. D. or other) _____

Address Deputy Coroner Date signed 12-23-46

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

10000

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 *Stanley A. Dixon*
Licensed Embalmer No. *4193*
P. O. Address *St. Louis*

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.