S. No. 2
A—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 31 1947

Registration District No. 377

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3066

State File No. 436707

Registrar's No. 2681

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 116 E. Rose Hill Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: Several Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Louis 96
(c) City or town: Kirkwood 4
(If outside city or town limits, write "RURAL")
(d) Street No.: 116 East Rose Hill Ave. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 7
If yes, name country

3. (a) PRINT FULL NAME: Mathilda Brockman
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: Female 1
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow 2
6. (b) Name of husband or wife: Fred W.
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: March (Month) 13, (Day) 1867 (Year)

8. AGE: Years 80 | Months 9 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Gasconade County (City, town, or county) Mo. (State or foreign country) 6
10. Usual occupation: Retired
11. Industry or business:
FATHER
12. Name: Daniel Hoffman
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant: Walter D. Brockman
(b) Address: 120 E. Rose Hill, Kirkwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/27/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cemetery
18. (a) Signature of funeral director: Louis H. Bopp, Inc.
(b) Address: 131 W. Argonne Dr. Kirkwood
19. (a) 12-26-47 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1947 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 1945, to Dec 22 1947
that I last saw her alive on Dec 27 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	
Due to: Chr. Myocarditis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Chr. Cholecystitis	

Major findings:
Of operations: 93
Of autopsy:

PHYSICIAN
Underline the cause of 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? (Specify type of place) 6
While at work? (e) Means of injury
23. Signature: Royal C. McDean M.D. (M. D. or other)
Address: Kirkwood Mo Date signed: 12/26/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Peter B. Dubrouillet

Licensed Embalmer No. 3691

P. O. Address Richmond Heights, MO

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.