S. No. 2
I—1/47
5-17-39

#6738

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 6113
Registrar's No. 1512

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)
In this community 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1438 E. Grand (If rural, give location)
Memorial
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MORRIS BROCKMAN
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (unk) (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 87 | | | hr. min. |

9. Birthplace Poland (City, town, or county) (State or foreign country)
10. Usual occupation Jobber - Retired
11. Industry or business Gen. Mdse.
FATHER
12. Name Ralph Brockman
13. Birthplace Poland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna (unk)
15. Birthplace Poland (City, town, or county) (State or foreign country)
16. (a) Informant Ben Wishnoff
(b) Address 5935 Kingsbury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/15/48 (Month) (Day) (Year)
(c) Place: burial or cremation Bnai Amoona
18. (a) Signature of funeral director Berger Memorial
(b) Address 4715 Mc Pherson
19. (a) FEB 13 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1948 hour 8 minute 25 P.M.
21. I hereby certify that I attended the deceased from 8/12/47, 19..., to Feb. 12th 19 48 that I last saw him alive on Feb. 12th 19 48 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac decompensation | |
| Due to Arteriosclerotic heart disease. | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| 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)
While at work? (e) Means of injury
23. Signature J. Lowry Brown, M.D. (M.D., D.O. or other)
Address 1515 Lafayette Date signed 2/13/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

## 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 Lewis Ludwig

Licensed Embalmer No. F4229

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.**