No. 2
-1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17425 4686

Registration District No. 318 Primary Registration District No. 1003 Registrar's 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 3015 S. 13th St. (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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0-0-0
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1 9
(d) Street No. 3015 S. 13th St. (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 24
If yes, name country

3. (a) PRINT FULL NAME Margaret Brockmeyer
3. (b) If veteran, name war Mo.
3. (c) Social Security No. Mo.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Henry W. Brockmeyer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 9 (Day) 1863 (Year)

8. AGE: Years	Months	Days	If less than one day
84	10	10	hr. min.

9. Birthplace Cincinnatti (City, town, or county) Ohio (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER 12. Name George Penter
13. Birthplace Germany (City, town, or county) (State or foreign country) 4
MOTHER 14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country) 4
16. (a) Informant Anna Brockmeyer
(b) Address 3015 S. 13th St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-22-48 (Month) (Day) (Year)
(c) Place: burial or cremation Concordia Cem.
18. (a) Signature of funeral director Witt Bro. Lyons
(b) Address 2929 S. Jefferson Av.
19. (a) MAY 20 1948 (Date received local Registrar) (b) J. F. Brenick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19 year 1948 hour 11 minute 15 A.M.
21. I hereby certify that I attended the deceased from April 5, 1948, to May 19, 1948
that I last saw h... alive on May 19, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Apoplexy	1 day
Due to Chronic Myocarditis	4 years
Due to Senile Arteriosclerosis	4 years
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 Julius Aloe Rother (M. D. or other) M.D.
Address 4603 Chouteau Date signed May 19 48

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 D. M. Davis

Licensed Embalmer No. 3241

P. O. Address 2929 Jefferson Av

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.