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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24132

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6728

1. PLACE OF DEATH:

(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: 0
St. Louis Maternity Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution one hour and (Specify whether
In this community five minutes years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town St. Louis 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2507 ~~University~~ University
(If rural, give location)

(e) Citizen of foreign country? no 20 (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Baby Girl 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 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 26 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day ~~n~~ 1 hr. 5 min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name Brockman, Benjamin Franklin
13. Birthplace Sheridan County (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Keifer, Martha Elizabeth
15. Birthplace Sparta (City, town, or county) Illinois (State or foreign country) 1

16. (a) Informant records of St. Louis Maternity Hosp.
(b) Address 630 S. Kingshighway, St. Louis, Mo.

17. (a) Anatomical Board (Burial, cremation, or removal) Date thereof JUL 31 1948 (Month) (Day) (Year)
(c) Place: burial or Anatomical Board

18. (a) Signature of funeral director
(b) Address Rowland Mortuary Ser

19. (a) JUL 31 1948 (Date received local registrar) (b) 4104 Manchester J. F. Brodeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26 year 1948 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 26 July, 1948, to 26 July, 1948; that I last saw her alive on 26 July, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Atelectasis	65 min.
Due to Prematurity (weight 680 gms)	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. L. Cockrell M.D. (M. D. or other)
Address Maternity Hospital St. Louis, Mo. Date signed 26 July 48

(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.....

Licensed Embalmer No.....

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.