

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri.  
(b) City or town St. Louis, Missouri.  
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff  
(d) Length of stay: In hospital or institution 3 weeks  
In this community 76 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County  
(c) City or town St. Louis  
(d) Street No. 1105 Montgomery St.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Gustav A. Brokate  
3. (b) If veteran, name war  
3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Nov. day 6th  
year 1948 hour 7 minute 10 A.M.  
21. I hereby certify that I attended the deceased from 10/14/48  
Nov. 6th 19 48

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced, or married  
6. (b) Name of husband or wife Dora Longat Brokate  
6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased: September 26 1872

that I last saw him alive on Nov. 6th 19 48  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Acute sclerotic heart disease with Coronary Atherosclerosis + Necrosis  
Due to  
Due to  
Other conditions: (Include pregnancy within 3 months of death)

8. AGE: Years 76 Months 1 Days 10

PHYSICIAN  
Major findings:  
Of operations  
Of autopsy  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis  
10. Usual occupation Clerk-Mgr.  
11. Industry or business Chain Store Grocery

MOTHER FATHER  
12. Name John H.W. Brokate  
13. Birthplace Germany  
14. Maiden name Wilhelmine Schmidt Germany  
15. Birthplace

16. (a) Informant Mrs. Dora Brokate  
(b) Address 1105 Montgomery Street  
17. (a) Burial (b) Date thereof Nov. 9, 1948  
(c) Place: burial or cremation St. Peters Cemetery  
18. (a) Signature of funeral director Beiderwieden F. Home Inc.  
(b) Address 1936 St. Louis Ave

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature J. B. Foster (b) Date signed

19. (a) NOV 8 1948 (b) J. B. Foster  
(Date received local registrar) (Registrar's signature)

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

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**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

*Heath Robinson*

Licensed Embalmer No. *4114*

P. O. Address. *1936 St. Louis Ave*

**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.**