

STANDARD CERTIFICATE OF DEATH

28038

FILED SEP 5 1950

State File No.

318

1003

7343

BIRTH NO. II3276. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>5337^a Theodora Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSPITAL #1.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM.</u>	b. (Middle)	c. (Last) <u>BROCKMAN.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST. 28. 1950</u>
-------------------------------------	-------------------------------	-------------	-------------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31, 1881</u>	9. AGE (In years last birthday) Months Days <u>68</u>	IF UNDER 1 YEAR	IF UNDER 24 HRS.
--------------------	------------------------------	--	---	--	-----------------	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lineman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co</u>	11. BIRTHPLACE (State or foreign country) <u>Nashville, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	--

13a. FATHER'S NAME <u>Barney Brockman</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Clater</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Mollie Brockman Theobria</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. I</u>	16. SOCIAL SECURITY NO. <u>488-07-4952</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MOLLIE BROCKMAN</u>	ADDRESS <u>5337a Delmar</u>
---	---	--	--------------------------------

18. CAUSE OF DEATH (Indicate by one cause per line the (a), (b), and (c) cause. This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Lung with metastases</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>163X</u>
--	--	---

22. I hereby certify that I attended the deceased from 7/18. 19 50. to 8/28. 19 50. that I last saw the deceased alive on 8/28/. 19 50. and that death occurred at 2.20 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph C. Boden MD.</u>	(Degree or title)	23b. ADDRESS <u>1515 LAFAYETTE AVE.</u>	23c. DATE SIGNED
--	-------------------	--	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 31, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>AUG 29 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Pasata</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons</u>	ADDRESS <u>6175 Delmar</u>
--	--	---	-------------------------------

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

OCT 2 1950

SEP 20 1950

S

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Ronald Yakube*

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St. Louis*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 28038-50

State of }
County of } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 7343

On this..... day of....., 194....., before me appears.....

....., who, upon..... oath, states that the original record of birth death
for..... William Brockman died..... 8-28-1950....., 19....., in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 15 should read..... Yes..... World War #1

Instead of..... -----

Item No. 16 should read..... 488-07-4952

Instead of..... -----

Item No. 17 should read..... Mrs. Mollie Brockman..... 5337a Delmar

Instead of..... -----

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant William D. Alexander Funeral Director Relationship.

6175 Delmar
Present Address.

Subscribed and sworn to before me this..... 5 day of..... Sept......, 1947

My Commission expires..... 3-4-53..... Edna C. Pastbork Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.