

THE DIVISION OF HEALTH OF MISSOURI  
 FILED JAN 30 1958 STANDARD CERTIFICATE OF DEATH

State File No. **2688**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **344**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>25</b> TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (In this place) <b>4</b> weeks		d. STREET ADDRESS (If rural, give location) <b>2510 520 Chestnut</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Frank Brockman</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 11, 1958</b>	
a. (First)		b. (Middle)		c. (Last)
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>
8. DATE OF BIRTH <b>Aug. 19, 1872</b>		9. AGE (In years) (last birthday) <b>85</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unemployed</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cigar maker</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Germany</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				

13a. FATHER'S NAME <b>Frank Brockman</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Becker</b>		14. NAME OF HUSBAND OR WIFE <b>Alice</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Brockman 4169 Tyrolean St. Louis,</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>2nd degree burns of body.</b> ANTECEDENT CAUSES <b>suffered fire (cause unknown) fire bed at City Hospital #1, about 11:35 p.m.,</b> DUE TO (b) <b>fire</b> II. OTHER SIGNIFICANT CONDITIONS <b>see January 5th 1958. Whether accidental or suicidal could not be determined.</b>			INTERVAL BETWEEN CASE AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT, SUICIDE, HOMICIDE <b>Open Verdict</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis Mo Ea 167</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>1. 5. 58 11 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>car</b> <b>40</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:50** a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>James M. Kelly</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>1-13-58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Regional</b>		24b. DATE <b>Jan. 13, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Trinity Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Lemay, Missouri</b>					

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Hoffmeister Mortuaries 7817 So. Broadway St. Louis, Missouri</b>	
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(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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Levin C. Hoffmann*

Licensed Embalmer No. 3471

P. O. Address 7814 S. Broadway

**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.