

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

27954

1. PLACE OF DEATH

County St. Louis Mo Registration District No. 791 File No. 1903
 Township St. Louis Mo Primary Registration District No. 1903 Registered No. 1277
 City St. Louis Mo (No. St. Louis) Willauply Hospital St. Willauply Ward Willauply

2. FULL NAME

Henry Brockel
 (a) Residence. No. 4819 Margaretta St. 7 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 07-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 7 16

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Painter Furniture
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

10. NAME OF FATHER Henry Brockel

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Wilhelmina Wehner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany (STATE OR COUNTRY)

14. INFORMANT Herman Brockel (Address) 4819 Margaretta

15. ALIC -4 1930 FILED 19 New C. Standley REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 3 1930

17. I HEREBY CERTIFY, That I attended deceased from July 23, 1930, to Aug 3, 1930 that I last saw him alive on Aug 3, 1930 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic Pleurisy with Effusion
110A
110B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1102B (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis Willauply Hosp.
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF no
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Ascultation Percussion
 (Signed) W. H. Meyer, M. D.
 (Address) 2745 N Grand St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery DATE OF BURIAL Aug 6 30

20. UNDERTAKER Stout & Carroll ADDRESS 1100 West Ridge

No. 25—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

