

N. B.—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.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County
Township St. Louis, Mo.
City St. Louis, Mo. (No. 1311 Benton Street.)

Registration District No. 791
Primary Registration District No. 1008

File No. 18256
Registered No. 4832
St. Ward)

2. FULL NAME John S. Brockelmann,

(a) Residence, No. 1311 Benton Street st. 26 Ward. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1937

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

22. I HEREBY CERTIFY, That I attended deceased from May 4 1937, to May 9 1937. I last saw him alive on May 8 1937. Death is said to have occurred on the date stated above, at 4:00 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2nd 1872

The principal cause of death and related causes of importance were as follows:
Bronchopneumonitis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 10 7

Other contributory causes of importance:
Chronic myocarditis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet Maker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

13. NAME Geo. Brockelmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Catherine Hilke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Borina Brockelmann 1311 Benton Street.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE May 12th 1937

19. UNDERTAKER (ADDRESS) My Leiden, Mo. Co. 157 N. Market St.

20. FILE MAY 11 1937 Registrar J. Bredeck

Date of onset 3-4-37
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Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. C. Creare M. D.
(Address) 2504 N. 14th St.

In honor

14 + Benton