

**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.....
City **St. Louis** (No. **1707, Destrahan**)

Registration District No. **791**
Primary Registration District No. **1003**

File No. **18485**
Registered No. **5061** Ward

2. FULL NAME **Gertrude M. Brookhord**

(a) Residence, No. **1407 Destrahan** St. **7b** 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

3. SEX Female	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) 1857 November 15th		
7. AGE YEARS 79	MONTHS 6	DAYS 3
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
	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) **St. Louis**

FATHER 13. NAME **Bernard Brockhord**

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

MOTHER 15. MAIDEN NAME **Mary Schneitz**

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

17. INFORMANT (ADDRESS) **Anna Brockhord 1407 Destrahan St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **May 21 St. 1937**

19. UNDERTAKER (ADDRESS) **Edward H. Heger 3526 N. 4th St.**

20. FILE **MAY 19 1937** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-18-1937**

22. I HEREBY CERTIFY, That I attended deceased from **Feb** 19 **36** to **May 18**, 19 **37**
I last saw her alive on **May 18**, 19 **37** Death is said to have occurred on the date stated above, at **11:30 P.M.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis.
FD
Other contributory causes of importance:
Paget's disease of breast

Name of operation **none** Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?
If so, specify.....
(Signed) **Jos. Measler**, M. D.
(Address) **3850 N. 7th St.**

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.

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RECEIVED BY [unclear]

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