

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

35641.
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **DePaul Hospital** Registered No. **9218**
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

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

2. PRINT FULL NAME **Josephine Brockel**

(a) Residence, No. **5301 Page** St. **6**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) **Sept. 28, 1932**

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

5 0 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**

9. Industry or business in which work was done, as 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) **St. Louis**
(STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **Frank Brockel**

14. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Lillian Daman**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Frank Brockel**
(ADDRESS) **3658 73atomial Ave**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cemetery** DATE **Oct. 2, 1937**

19. FUNERAL DIRECTOR **Stuck Bros**
(ADDRESS) **2201 So. Grand Blvd.**

20. FILED **OCT 1 1937** **J. Stredwick**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 30, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 26, 1937, to Sept 30, 1937**

I last saw him alive on **Sept 30, 1937** Death is said to have occurred on the date stated above, at **2:10 P.M.**

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

Paleo-myelo-encephalitis Epidemic

Date of onset **Sept 21**

Other contributory causes of importance:

16

Name of operation..... 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 **Intoxicated by Beer**

(Signed) **J. Stredwick**, M. D.
(Address) **1467 Union**

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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1467 Union Rd
1-2 P.M

STATEMENT BY LICENSED EMBALMER

I, George C. Weick Licensed Embalmer No. 2268

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____
working under my personal supervision.

Signed George C. Weick
Registered Apprentice No. _____
Licensed Embalmer No. 2268

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.)