

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

41476

Do not use this space.

JAN 11 1938

791  
1003

Registered No. **11168**

**1. PLACE OF DEATH**

(a) County ..... / Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City St. Louis (d) Street No. City Hosp. #1 ..... St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** William Brockman

(a) Residence, No. 3446 Lawn St. 14  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
76 1 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Maintenance Man  
 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) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Frederick Brockman  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Mary (?)  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arthur Lantz 5469 Hamilton

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paters Cem. DATE Dec. 29 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jay B. Smith 7456 Manchester

20. FILED DEC 29 1938 J. B. Budek Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:00 PM

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

Lobar pneumonia, Fracture of Pelvis, and fracture of ribs, suffered about 6:02 P.M. December 22nd, 1938, when struck by Buick Coupe driven by one Robert Herbst at Kingshighway and Potomac Avenue. ACCIDENT.

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 12/23 1938

Where did injury occur? St. Louis, Mo.  
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury.....  
 Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? If so, specify Alfred P. Perry, M.D.

(Signed) Alfred P. Perry

(Address) Alfred P. Perry

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Frank J. Owen*

Licensed Embalmer No. *7245*

P. O. Address *St. Louis, Mo*

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, above space should be left blank.