

Registration District No. 424

Primary Registration District No. 5529

Registrar's No. 143

1. PLACE OF DEATH:

(a) County JEFFERSON  
(b) City or town RURAL - BIG RIVER TWP  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: R.R. 1  
(If not in hospital or institution, write street number or location) U2  
(d) Length of stay: In hospital or institution NIL  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Jefferson  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.R. 1 HILLSBORO, MO.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16  
year 1940 hour 5 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Nov 16  
1940 to Nov 16, 1940  
that I last saw him alive on 11-16, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia - lobar Duration 1 wk

Due to 59  
Due to 59

Other conditions: Diphtheria - Milditus ?

Major findings:  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) ✓  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
385 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Chas E. Faller (M. D. or other) 1  
Address Desoto Mo Date signed 11/17/40

3. (a) PRINT FULL NAME RAYMOND BROCKMAN

3. (b) If veteran, name war No 3. (c) Social Security No. 493-10-9080

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MATTIE BROCKMAN 6. (c) Age of husband or wife if alive 44 years  
7. Birth date of deceased JULY 26 1889  
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 20 If less than one day hr. min.

9. Birthplace SENTAUR MO. (City, town, or county) (State or foreign country)

10. Usual occupation Street Car Operator. 7

11. Industry or business PUBLIC SERVICE. 9

MOTHER FATHER { 12. Name JAMES BROCKMAN. 1  
13. Birthplace UNKNOWN UNKNOWN. (City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN UNKNOWN. (City, town, or county) (State or foreign country)

16. (a) Informant MATTIE BROCKMAN  
(b) Address R.R. 1. HILLSBORO, MO.

17. (a) BURIAL (b) Date thereof NOV. 19 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation DAK GROVE CEM. ST. LOUIS.

18. (a) Signature of funeral director Chas Meyer & Sons  
(b) Address 3934 N. 20th St. St. Louis.

19. (a) Nov. 18-40 (b) Ch. Editor  
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 4204 Prairie

**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.**