

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18960

JUN 5 1941
784

Registration District No. 784

Primary Registration District No. 22

Registrar's No. 1088

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Glencoe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (Grand Ave. Glencoe)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Glencoe
(If outside city or town limits, write "RURAL")
(d) Street No. Grand Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 2:45 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Self-inflicted
gun-shot wound of chest. Duration _____

3. (a) PRINT FULL NAME William Peter Brockman
3. (b) If veteran, name war None 3. (c) Social Security No. 487-20-7308

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorrie Hbler Brockman 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased Feb. 29 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>2</u>	<u>22</u>	hr. min.

9. Birthplace Glencoe Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business None

MOTHER FATHER { 12. Name Louis Brockman
13. Birthplace St. Louis Co. Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Kirk
15. Birthplace ? Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dorrie Brockman
(b) Address Glencoe, Mo.

17. (a) Burial (b) Date thereof 5-24-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bethel Cem. Fund, Mo.

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) MAY 22 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
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) Suicide
(b) Date of occurrence May 21, 1941
(c) Where did injury occur? Glencoe, Missouri
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? About home
(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Louis H. Hoff (M.D. or D.O.)
Address Kirkwood, Mo. Date signed 5/22/41

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

JUN 26 1941

SEP 8 1949

SEP 13 1949

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 *Theo. Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Dallwin, 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, fact should be so stated above.