

11901

634

FILED MAR 31 1942

Registration District No. 111

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town RICHMOND HEIGHTS.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. MARY'S HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS  
(Specify whether  
In this community 54 YRS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS  
(c) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1 MARSHALL PL  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME EDWARD HENRY BROCKMANN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18 day Nov  
year 1942 hour 11 minute 10 P. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1939, to Nov. 18, 1942

that I last saw him alive on Nov. 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal virus  
Duration 3-4 days

Due to 108

Other conditions Hypostatic Pulm pneumonia  
(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) -  
(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? -

While at work? (Specify type of place) (e) Means of injury -  
23. Signature E. J. Vollmer (M. D. or other) MD  
Address St. W. Big Bend, Webster Date signed 3/20/42

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
7. (b) Name of husband or wife HANNAH BROCKMANN 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased DECEMBER-17-1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 1 If less than one day hr. min.

9. Birthplace ST. LOUIS MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation BLACKSMITH

11. Industry or business RETIRED

12. Name HENRY BROCKMANN

13. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

14. Maiden name SOPHIA KAHR

15. Birthplace UNKNOWN GERMANY  
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Edward Brockmann  
(b) Address 2023 Kiawatha Ave

17. (a) BURIAL (b) Date thereof MAR-21-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation LAKE CHARLES

18. (a) Signature of funeral director P. Sheer and Co  
(b) Address WEBSTER GROVES, MO.

19. (a) MAR 20 1942 (b) C. H. Mc  
(Date received) (Registrar's signature)

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

MOTHER FATHER

76  
3

717

guyon, Mo.

**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.....

*John Ketter*

Licensed Embalmer No. 3880

P. O. Address.....

**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.**