

S. No. 2
OM-2-43
5-11-38
1 X 50

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15904

State File No.

5082

FILED JUN 9 1946 318

Registration District No.

Primary Registration District No.

Registrar's No.

1003-4

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5092 Wells
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5092 Wells
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruben A. Brokelmeyer

3. (b) If veteran, name war None 3. (c) Social Security No. 488-09-0352

4. Sex Male / 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unk. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 29 1901
(Month) (Day) (Year)

8. AGE: Years 42 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Unknown Illinois
(City, town or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Thomas Brocklemeyer

12. Name Unk. 13. Birthplace Unk.
(City, town or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Unknown
(City, town or county) (State or foreign country)

16. (a) Informant Eva L. Hooper
(b) Address 5092 Wells

17. (a) Removal (b) Date thereof 5/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mount Vernon, Illinois

18. (a) Signature of funeral director Albert H. Hoppe Inc.
(b) Address 4700 Washington Blvd.

19. (a) JUN 2 1946 (b) J. F. Brobeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1943 hour 4 minute A.M.

21. I hereby certify that I attended the deceased from May 24, 1943, to May 30, 1943
that I last saw him alive on 5-28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration 1 Hour

Due to Angina Pectoris 108 1 day?

Due to _____

Other conditions Rt. Mid lobe pneumonia 5 days
(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) No

(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 A. J. Steiner (M. D. or other) MD
Address 622 University Club Date signed 7/30/43

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

MOTHER FATHER

50822

50822

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

Henry M. Brammer

Licensed Embalmer No.....

4200

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.