

FILED DEC 22 1943 818

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 10793

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
 In this community 73 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME MR. HENRY W. BROCKMEIER

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

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

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

7. Birth date of deceased July 16, 1870
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>73</u> | <u>4</u> | <u>19</u> | hr. _____ min. _____ |

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

10. Usual occupation Retired Grocer

11. Industry or business Self

12. Name Christian Brockmeier

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

14. Maiden name Anna Manderfeld

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

16. (a) Informant Mrs. Catherine Brockmeier

(b) Address 2318 So. 3rd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden F. H. Inc.

(b) Address 1936 St. Louis Avenue

19. (a) DEC 8 1943 (Date received local registrar) J. F. Russell (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 2318 So. 3rd Street
(If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
 year 1943 hour 10 minute 45 A. M.

21. I hereby certify that I attended the deceased from Oct. 29 -
 _____, 1943, to Dec. 5 - 1943
 that I last saw him alive on Dec. 5 - 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Embolicism Duration _____

Due to Acute

Due to Coronary thrombosis

Other conditions senility
(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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature L. F. Murray (M. D. or other) _____
 Address 900-12 Russell Date signed 12-6-43

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

MOTHER FATHER

444

Dr. L. F. Murray
900 Russell Blv.

1-2:30

6-8

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..... *Delis J. Kasper*
Licensed Embalmer No..... *3497*
P. O. Address..... *1936 St Louis*

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.