

S. No. 2  
M-5-43  
v. 5-17-39  
I X38671

FILED OCT 31 1946

1003

State File No. \_\_\_\_\_  
Registrar's No. 8292

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
St. Louis City Hospital-Max C. Starkloff  
(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 Mo. (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 7203 Michigan Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS BROCKSMITH

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 Eppie 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 4 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78	6	21	hr. min.
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9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

11. Industry or business \_\_\_\_\_

12. Name Herman Brocksmith

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

14. Maiden name Elizabeth Kemper

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

16. (a) Informant Herman Brocksmith

(b) Address 726 Catalpa Web Groves

17. (a) Burial (b) Date thereof 9-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) SEP 26 1946 J. F. Bradeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th  
year 1946 hour 12:40 minute A M.

21. I hereby certify that I attended the deceased from 9/18/46  
to Sept. 25th 1946  
that I last saw him alive on Sept. 25th 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Cardiovascular disease with cardiac decompensation

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Psychosis with cerebral arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Arteriosclerosis

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Other

23. Signature 1516 Lafayette 9/25/46  
Creahy Date signed 9/25

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

309420

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**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 Gary J. Melnick

Licensed Embalmer No. 2906

P. O. Address 7125 Melnick

**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.**