

**FILED** OCT 23 1946

Registration District No. **47**

Primary Registration District No. **3008**

**1. PLACE OF DEATH:**

(a) County **Callaway**

(b) City or town **Fulton**

(c) Name of hospital or institution: **State Hospital 2**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24-0M-22d**  
(Specify whether years, months or days)

In this community **24-0M-22d**

**3. (a) PRINT FULL NAME** **Otilda W. Brookmeyer**

**3. (b) If veteran, name war** \_\_\_\_\_

**3. (c) Social Security No.** \_\_\_\_\_

**4. Sex** **F** **5. Color or race** **W**

**6. (a) Single, widowed, married, divorced** **widow**

**6. (b) Name of husband or wife** \_\_\_\_\_

**6. (c) Age of husband or wife if alive** \_\_\_\_\_ years

**7. Birth date of deceased** **Dec. 1 1877**  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>60</b>	<b>10</b>	<b>14</b>	hr. _____ min. _____

**9. Birthplace** **St. Louis, Mo.** **U**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housework**

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

**12. Name of father** **Ferdinand Strecker** **4**

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

**14. Maiden name** **Wilhelmina Thies**

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

**16. (a) Informant** **Mrs. Amelia Marx** **1**

**(b) Address** **338 Wachtel**

**17. (a) Burial, cremation, or removal** **Burial** **10-18-46**  
(Date thereof) (Month) (Day) (Year)

**(c) Place: burial or cremation** **Burial, St. Louis, Mo.**

**18. (a) Signature of funeral director** **Benson Nichols**

**(b) Address** **1431 Union Ave**

**19. (a) 10-18-1946** **(b) Joan Morauk Hoff**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Lemay** **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. **338 Wachtel** **2**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Oct** day **15<sup>th</sup>**  
year **1946** hour **12** minute **P.** M.

**21. I hereby certify that I attended the deceased from** **Oct 17** 19**46** to **10-15** 19**46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Interstitial Nephritis**

Due to **Generalized Arteriosclerosis**

Due to **Hepatic + Cardiac Atrophy**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **1310**

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

Of autopsy **10-16-46 Dr. P. Neal Columbia, Mo. finding as given above**

**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)

(c) Means of injury \_\_\_\_\_

**23. Signature** **J. B. Stokes, M.D.** (M. D. or other)

**Address** **Fulton, Mo.** Date signed **10/16/46**

**PHYSICIAN**

Duration \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

31723

**RECEIVED**  
District Health Officer No. 9,  
District File Number \_\_\_\_\_  
Date Filed 10-21-46

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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 \_\_\_\_\_

Licensed Embalmer No. 3880

P. O. Address St. Louis 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.