S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10013

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3005

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

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: Deaconess Hospital 0
(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 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1401 Goodfellow Boulevard 9
(If rural, give location)
6
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM H. BROCKSMITH
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed 9
6. (b) Name of husband or wife Marie L. Brocksmith
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March 17, 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	0	9	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation Refrigeration Maintenance
11. Industry or business Self
FATHER
12. Name Herman Brocksmith
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lizzie Kemper
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Grace M. Vohl
(b) Address 1401 Goodfellow Boulevard
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) MAR 29 1948 (Date received local registrar) (b) J. F. Brezick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26, 1948
year hour 1:15 minute P M.
21. I hereby certify that I attended the deceased from Dec, 1946, 19, to March 25, 1948
that I last saw him alive on March 25, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Renal Failure (Uremia)
Due to Arteriosclerotic Heart
Due to Disease.
Other conditions — Chronic Cholecystitis
(Include pregnancy within 3 months of death)
Non-calculous
Major findings:
Of operations Chronic Cholecystitis
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature Anthony F. Caravelli M.D. (M. D. or other)
Address 1004 Mo. Theatre Bldg. Date signed 3/27/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillars

Licensed Embalmer No. 4080

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.