

FILED MAR 19 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 2924  
2080

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.				b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis				c. LENGTH OF STAY (In this place) 15 yrs.				6. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hosp.				d. STREET ADDRESS (If rural, give location) 1465 Laurel					
3. NAME OF DECEASED (Type or Print)		a. (First) JOSEPH		b. (Middle) D.		c. (Last) BROCKMAN		4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1951	
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 7, 1907		9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Poland 4		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Morris Brockman			13b. MOTHER'S MAIDEN NAME Unk.			14. NAME OF HUSBAND OR WIFE Mollie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, none or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-07-6422		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jos. Brockman 1465 Laurel					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma to spinal column and lungs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Carcinoma of Rectum						INTERVAL BETWEEN ONSET AND DEATH 6 mo 18 mo	
19a. DATE OF OPERATION 11/21/49		19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 15 ft					
22. I hereby certify that I attended the deceased from November, 1949, to March, 1951, that I last saw the deceased alive on March 3, 1951, and that death occurred at 7 a. m., from the causes and on the date stated above.									
23a. SIGNATURE J. B. Lancaster (Degree or title) MA				23b. ADDRESS 1700 Olive			23c. DATE SIGNED 3/5/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/5/51		24c. NAME OF CEMETERY OR CREMATORY BONAI Amoon		24d. LOCATION (City, town, or county) (State) University City Mo.			
DATE REC'D BY LOCAL REG. MAR 5 1951		REGISTRAR'S SIGNATURE J. B. Lancaster			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Berger Memorial 4715 McPherson				

(Licensed Embalmer's Statement on Reverse Side)

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed

*Frederic A. Ludwig*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4339*

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.