V. S. No. 2
50M-1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26315

FILED AUG 4 1947

Registration District No. 3947

Primary Registration District No. 3065

Registrar's No. 1610

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

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Glendale (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 708 Oakland Ave. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Glendale (If outside city or town limits, write "RURAL")
(d) Street No. 708 Oakland Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME August H. Brockhaus
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Emma
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 6 (Month) 23 (Day) 1894 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	1	..... hr. ..... min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Wood Patterson Maker
11. Industry or business
FATHER
12. Name Henry A. Brockhaus
13. Birthplace St Louis (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eliz. Kiel
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Emma Brockhaus
(b) Address 708 Oakland Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem
18. (a) Signature of funeral director Louis N. Bapp Inc
(b) Address Kirkwood Mo.
19. (a) 7-29-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1947 hour 8:45 minute 9 M.
21. I hereby certify that I attended the deceased from July 12, 1946 to July 24, 1947 that I last saw him alive on July 24, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebrosis of Dyspnea	
Due to 124 b	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations No operation except 24 tappings of abdomen
Of autopsy None

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) X
(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 John H Ames MD (M. D. or other) MD
Address 227 N. Kirkwood Road Date signed 7-27
Kirkwood, Mo

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1968

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood (22) 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.