S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 15 1948
Registration District No. 379

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14957
Primary Registration District No. 6076
Registrar's No. 1126

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Sappington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Box 708-18 Rt./6 Sappington, Mo
(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 96
(c) City or town Sappington 0
(If outside city or town limits, write "RURAL")
(d) Street No. Box 708-18 Rt.6 Sappington, Mo
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Leona M. Brockhaus
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 married
6. (b) Name of husband or wife Herold
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased October 8, 1904 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
43	6	24	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name John Stutzke
13. Birthplace St. Joseph, Missouri 0
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Weimann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant Herold Brockhaus
(b) Address Hilltop Dr. Sappington, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/5/1948 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Hom. Schumacher
(b) Address 3013 Meramec St.
19. (a) 5-4-48 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd.
year 1948 hour 2:20 minute P. M.
21. I hereby certify that I attended the deceased from Sept 26, 1947 to May 2, 1948
that I last saw her alive on May 2, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of lungs + Liver - Metastatic	1 yr.
Due to: Primary carcinoma of the breasts	3 yrs.
Due to: 50	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

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
23. Signature Robert W. Tichenor (M. D. or other) 0
Address 4602 Gravois St Louis 16 Mo Date signed May 3, 48

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

2-204-7-9 P.M.
Dr. Robt. Tichenor.

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 Francis Williamson

Licensed Embalmer No. 3565

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.