

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 3197
 Registrar's No. 273

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BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>273</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PINE LAWN</u>		<u>4160</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>4620 Edgewood Blvd., Pine Lawn</u>			
3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First)		b. (Middle)		c. (Last) <u>Brockmeier</u>	
4. DATE OF DEATH <u>January 30 1950</u>		4. DATE (Month) (Day) (Year)		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>October 8, 1876</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>decorating</u>		11. BIRTHPLACE (State or foreign country) <u>St. Charles County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Brockmeier</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Heimsoth</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-12-6866</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. I. W. Struebing 4620 Edgewood Blvd.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute pyelonephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>carcinoma, bladder</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 wks</u> <u>18 mos</u> <u>187X</u>	
19a. DATE OF OPERATION <u>Jan 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>inoperable carcinoma of the bladder</u>				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?			
22. I hereby certify that I attended the deceased from <u>12-18, 1950</u> , to <u>1-30, 1950</u> , that I last saw the deceased alive on <u>1-30, 1950</u> , and that death occurred at <u>2:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Schewe, Jr. M.D.</u>				23b. ADDRESS <u>601 Brentwood Clayton</u>		23c. DATE SIGNED <u>2/1/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2 2 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-1-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke, MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beiderwieden Fun. Home 1936 St. Louis</u>			

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

L. J. (Licensed Embalmer's Statement on Reverse Side)

Handwritten signature

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.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

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.