

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3254

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066 Registrar's No. 277

4003  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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) <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>108 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis County</u>		d. STREET ADDRESS (If rural, give location) <u>Vinita 4270</u> <u>8211 Flora Ave</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Marine Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTON</u> b. (Middle) <u>Y</u> c. (Last) <u>BROCKETT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1950</u>		
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1894</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unemployed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Erasmus Brockett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Brockett</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.I</u>		16. SOCIAL SECURITY NO. <u>409-18-7092</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clinical records of hospital Kirkwood, Mo</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>Hemorrhage from Esophageal Varices</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cirrhosis of Liver</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		
19a. DATE OF OPERATION <u>12/5/49</u>			19b. MAJOR FINDINGS OF OPERATION <u>Cirrhosis of Liver</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) (Min.)		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>Oct. 15, 1949</u> , to <u>Jan. 31, 1950</u> , that I last saw the deceased alive on <u>Jan. 31, 1950</u> , and that death occurred at <u>1:45 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Herbert R. Domeke, M.D.</u>			23b. ADDRESS <u>U.S. Marine Hospital, Kirkwood, Mo</u>		23c. DATE SIGNED <u>1/31/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>(2)3) 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Spring Hill Cemetery Nashville Tenn.</u>	
24d. LOCATION (City, town, or county) (State) <u>Nashville Tenn.</u>		DATE REC'D BY LOCAL REG. <u>2-1-50</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Domeke, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Colliers Funeral Home</u>		ADDRESS <u>10123 St. Charles Rd.</u>			

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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Sheldon Collier

Licensed Embalmer No. 3382

P. O. Address 10123 St. Charles Rd.

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.