

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 31557

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8141

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 Da.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. STREET ADDRESS 7203 Michigan		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) Eppie		b. (Middle)	
c. (Last) Brocksmith		4. DATE OF DEATH (Month) (Day) (Year) Sept. 25 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Apr. 3 1868
9. AGE (In years last birthday) 82		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil.	11. BIRTHPLACE (State or foreign country) W Virginia
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Samuel Martin		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Louis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucile Paule 7203 Michigan
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) Postoperative pneumonia, lobar INTERVAL BETWEEN ONSET AND DEATH 3 days  ANTECEDENT CAUSES DUE TO (b) senility  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. strangulated femoral hernia 5 days	
19a. DATE OF OPERATION 9/21/50	19b. MAJOR FINDINGS OF OPERATION strangulated hernia freed; blood supply adequate		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? 490X	
22. I hereby certify that I attended the deceased from Sept. 20, 1950, to Sept. 25 1950, that I last saw the deceased alive on Sept. 24, 1950, and that death occurred at 3:15 A. m., from the causes and on the date stated above.			
23a. SIGNATURE Bernard W. W. [Signature]		23b. ADDRESS W.D. 6006 Virginia Ave.	23c. DATE SIGNED 9/27/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-27-1950	24c. NAME OF CEMETERY OR CREMATORY Park Lawn	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. SEP 27 1950	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan	

(Licensed Embalmer's Statement on Reverse Side)

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

15001

Michigan

**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

*Clarence Rochow*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3093

P. O. Address. 7128 Michigan

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.