

FILED JUL 16 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25604

BIRTH NO. _____		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 2066		Registrar's No. 2468	
1. PLACE OF DEATH a. COUNTY St. Louis 4003				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood		c. LENGTH OF STAY (In this place) 4 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2029			
d. FULL NAME OF HOSPITAL OR INSTITUTION 815 W. Rose Hill				d. STREET ADDRESS (If rural, give location) 4612 Quincy St. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Wilhelmina		b. (Middle) _____		c. (Last) Brockhaus		4. DATE OF DEATH (Month) (Day) (Year) June 20 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Apr. 13, 1872		9. AGE (In years last birthday) 79	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo. O		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Eberhardt Schuttner			13b. MOTHER'S MAIDEN NAME Elizabeth Messerschmidt		14. NAME OF HUSBAND OR WIFE John A. Brockhaus		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Herold A. Brockhaus, Sappington, Mo.			
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) Carcinoma of gallbladder - metastatic carcinoma to liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 2-7, 1951, to 6-20, 1951, that I last saw the deceased alive on 6-20, 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Robert W. Tichenor M.D.				23b. ADDRESS 80. Box 6 Sappington, Mo.		23c. DATE SIGNED 6-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) Affton, Mo.	
DATE REC'D BY LOCAL REG. 6-21-51		REGISTRAR'S SIGNATURE Robert R. Tomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hoffmeister Colonial Mortuary 6164 Chippewa St., St. Louis, Mo. (Licensed Embalmer's Statement on Reverse Side)			

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

Dr. R. W. Tichenor

VI 3-4163+

3 doors E of P.O.

RH Side

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.....
Student Embalmer

Signed *Lewis C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.