

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28086

State File No. 7809

FILED SEP 13 1951

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7809

1. PLACE OF DEATH a. COUNTY St. Louis		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) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		2 STREET ADDRESS (If rural, give location) 3521 Lawton Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) Maggie b. (Middle) c. (Last) Brockman			4. DATE OF DEATH (Month) (Day) (Year) August 31 1951		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 5/28/04		9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
11. BIRTHPLACE (State or foreign country) Columbus Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unavailable	
13b. MOTHER'S MAIDEN NAME Fannie		13c. NAME OF HUSBAND OR WIFE Eugene		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) NO	
15. SOCIAL SECURITY NO. None		16. INFORMANT'S SIGNATURE OR NAME Eugene Brockman		17. ADDRESS 3521 Lawton Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Hypertensive Cardiovascular Disease with Cerebral Embolism		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS Appendiceal Abscess	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			

19a. DATE OF OPERATION 8-22-51		19b. MAJOR FINDINGS OF OPERATION 443X		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)		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 **8-21** 19 **51**, to **8-31**, 19 **51**, that I last saw the deceased alive on **8-31**, 19 **51**, and that death occurred at **4:10 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles W Harris M.D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 9-1-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/6/51		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		DATE REC'D BY LOCAL REG. SEP 4 1951		REGISTRAR'S SIGNATURE W. J. Smith M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney Ave.			

WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD - CONTRIBUTE TO DEATH

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.....

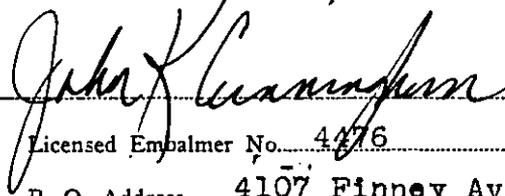
John K. Cunningham

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 4476

P. O. Address 4107 Finney Ave.

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.