

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14985

State File No.

FILED APR 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>3063</u>		Registrar's No. <u>1049</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> <u>4002</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>Clayton</u> <u>3</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>13</u> TOWN <u>Creve Coeur</u> Rural <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>Fee Fee Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vera</u> b. (Middle) <u>Dalores</u> c. (Last) <u>Brockmeier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 19, 1952</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 9, 1930</u>	
9. AGE (In years last birthday) <u>21</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Chesterfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Alfred Pellet</u>		13b. MOTHER'S MAIDEN NAME <u>Louise Thiemann</u>		14. NAME OF HUSBAND OR WIFE <u>James Brockmeier</u>			
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>490-32-6013</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alfred Pellet Chesterfield, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Intracranial damage- thrown from automobile driven by her husband, James Brockmeier, when it struck a culvert and then continued on, striking a telephone pole</u>							
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. As for conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>James Brockmeier, when it struck a culvert and then continued on, striking a telephone pole</u> DUE TO (c) <u>on, striking a telephone pole</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH					
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rural St. Louis Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4/19/52 6:20 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Blunt impact</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Alfred J. Willmann</u> <u>3</u> Coroner.				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>4/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-23-1952</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>ST. MONICA</u>		24d. LOCATION (City, town, or county) (State) <u>CREVE COEUR MO</u>	
DATE REC'D BY LOCAL REG. <u>4-21-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke</u> <u>MO</u> <u>SW</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Blummann Bros. Mortuary</u> <u>2504 Woodson Rd. - Overland, Mo.</u>			

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

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 *Oscar F. Muller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 17 Km*

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.