

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

S. No. 300  
EV. 10.48

DEC 24 1952

State File No. \_\_\_\_\_  
Registrar's No. **11152**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS,</b>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEPAUL HOSPITAL</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>	
d. STREET ADDRESS <b>7 4641 BESSIE AVE</b>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b> b. (Middle) _____ c. (Last) <b>BROCKLING</b>		4. DATE OF DEATH <b>DEC, 1, 1952</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>12/16/1892</b>
9. AGE (in years last birthday) <b>59</b>	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	13. NAME OF HUSBAND OR WIFE <b>GEORGE BROCKLING</b>	
13a. FATHER'S NAME <b>JOHN DONOHUE</b>	13b. MOTHER'S MAIDEN NAME <b>MARY O'DAY</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE BROCKLING</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>GEORGE BROCKLING</b> ADDRESS <b>4641 BESSIE AVE</b>	
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) <b>Pulmonary Embolism</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b> ANCECEDENT CAUSES <b>3 months</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterial carcinoma of Rectum</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Arterial carcinoma of rectum - Nov 26-52 - abdominal perineal resection</b>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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? <b>154X</b>	
22. I hereby certify that I attended the deceased from <b>11-6, 1952</b> , to <b>Dec 1, 1952</b> , that I last saw the deceased alive on: <b>Nov 30, 1952</b> , and that death occurred at <b>6:30 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Ernest J. Malley</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>634 7th Street</b>	
23c. DATE SIGNED <b>Dec 4-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12/4/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>DEC 3 1952</b>	REGISTRAR'S SIGNATURE <b>Charles Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>STROOT - CARROLL</b> ADDRESS <b>4600 NATURAL BRIDGE AVE</b>	

*Handwritten notes:*  
C/O ...  
3 to ...

**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 Albert Mayfield

Licensed Embalmer No. 13077

P. O. Address St. Louis Mo

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.