

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1953

State File No. **32951**
7483

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN University City 33		4. DATE OF DEATH (Month) (Day) (Year) July 29, 1953.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 6901 Princeton			
3. NAME OF DECEASED (Type or Print) a. (First) Emmy		b. (Middle) Ross		c. (Last) Brockelmann			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH October 2, 1889	
9. AGE (In years last birthday) 63		10. KIND OF BUSINESS OR INDUSTRY Physician		11. BIRTHPLACE (City and State or Foreign Country) Naples, Italy		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Otto Rennau		13b. MOTHER'S MAIDEN NAME Emmy Koenitzer		14. NAME OF HUSBAND OR WIFE Erich Brockelmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Dr. Erich Brockelmann ADDRESS 6901 Princeton			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Brain Tumor (b) _____ (c) _____ INTERVAL BETWEEN ONSET AND DEATH 5-6 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 4-29-1953		19b. MAJOR FINDINGS OF OPERATION (Operation performed at Craniotomy - 3 months Malignant Tumor Found (Lahey Clinic, Boston, Mass.))				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) 193X (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 May 12, 1953 , to July 29, 1953 , that I last saw the deceased alive on July 29, 1953 , and that death occurred at 10:50p m. , from the causes and on the date stated above.							
23a. SIGNATURE John J. Roth (Degree or title) M.D.				23b. ADDRESS 634 N. Grand Blvd.		23c. DATE SIGNED 7-31-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-1-53.		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri.	
DATE REC'D BY LOCAL AUG 1 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc. ADDRESS 2161 E. Fair Ave.			

B.P. (Licensed Embalmer's Statement on Reverse Side)

APR 21 1935

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
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.