

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020331

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 1451

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Manchester 4000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Co. Hospital		Length of stay in 1b 10 days	d. STREET ADDRESS (If outside, give location) Henry Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Rose Middle Brown Last Brown			4. DATE OF DEATH Month 5 Day 28 Year 58
5. SEX Female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 22 1887
9a. AGE (In years at last birthday) 71		IF UNDER 1 YEAR Months 1 Days 1 Hours 1 Min. 1	IF UNDER 24 HRS. Hours 1 Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and state or country) Mauchunk, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Andrew Blocher	
13b. MOTHER'S MAIDEN NAME Barbara Seager		14. NAME OF HUSBAND OR WIFE Ed Broth	
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 Eunice Roeder Manchester, Mo. Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suspected Pulmonary Embolus DUE TO (b) Post-op - Open Reduction - Intertrochanteri DUE TO (c) Fx, Hip - Insertion Newfeld nail PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 30 min
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) slipped at home and fell	
20c. TIME OF INJURY Hour ? Month 5 Day 15 Year 58 a.m. ? p.m. ?		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	
20f. CITY, TOWN, OR LOCATION Rolla, Mo. 081		COUNTY STATE	
21. I attended the deceased from 5-18-58 to 5-28-58 and last saw her/him alive on 5-28-58 Death occurred at 6:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Jack L. Hagadorn, M.D. (Degree or title)		22b. ADDRESS 601 So. Brentwood	22c. DATE SIGNED 5/28/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-31-58	23c. NAME OF CEMETERY OR CREMATORY St. John Cemetery	23d. LOCATION (City, town, or county) (State) Manchester, Mo.
24. FUNERAL DIRECTOR Schrader Funeral Home Ballwin Mo.		25. DATE RECD. BY LOCAL REG. 5-30-58	26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *Harry F. Schrader*

Licensed Embalmer No. *2091*

P. O. Address *Ballwin*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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