

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014742

FILED APR 24 1959

State File No. 2 3379

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5169 Delmar Blvd.				d. STREET ADDRESS (If rural, give location) 5169 DELMAR BL			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
ALBERT B. BROCKMEYER							
4. DATE OF DEATH		(Month)		(Day)		(Year)	
APR 4 1959							
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH JUNE 24 1875	
9. AGE (in years last birthday) 83		10. MONTHS 9		11. DAYS 10		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSIC TEACHER		10b. KIND OF BUSINESS OR INDUSTRY MUSIC SCHOOL		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JOHN BROCKMEYER		13b. MOTHER'S MAIDEN NAME WILIMINASTEGGE		14. NAME OF HUSBAND OR WIFE LAURA E. BROCKMEYER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 498-38-0479		17. INFORMANT'S SIGNATURE OR NAME Delaine Brockmeyer			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>420.0</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>intermittent</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>2</u> 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) m.		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 <u>12/10</u> , 19 <u>58</u> , to <u>4/4</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3/26</u> , 19 <u>59</u> , and that death occurred at <u>10:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas M.D.</u>				23b. ADDRESS <u>4660 Maryland Ave</u>		23c. DATE SIGNED <u>4/4/59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE <u>4-6-59</u>		24c. NAME OF CEMETERY OR CREMATORY BELLEFONTAINE		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
DATE REC'D BY LOCAL APR 6 '59		REGISTRAR'S SIGNATURE <u>Loan Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Buell Campbell Mortuary</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

*Elmer R. J. Adair*

Licensed Embalmer No. *4077*

P. O. Address *St. Louis*

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.