

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029568

FILED VS SEP 3 1959/62

Primary Registration District No. 5595 Registrar's No. 92

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold Rt. #1		Length of stay in 1b 18 Years		c. CITY OR TOWN Arnold Rt. #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION V.V. Highway			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) V.V. Highway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOSEPH A. BROCKHAUS				4. DATE OF DEATH Month Day Year Aug. 23 1959				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12/7/1900	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver			10b. KIND OF BUSINESS OR INDUSTRY Fox School		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Bernhart Brookhaus			13b. MOTHER'S MAIDEN NAME Augusta Witthoff			14. NAME OF HUSBAND OR WIFE Alvina		
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. None		17. INFORMANT Alvina Brookhaus		Address V.V. Highway Arnold, Mo. Rt. #1		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion DUE TO (b) Arterio sclerosis DUE TO (c) Arterio sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)				
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Arnold Jefferson Mo		COUNTY		STATE		
21. I attended the deceased from 1955 to 8/23/59 and last saw him alive on 8/23/59 Death occurred at 12:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Sheed (Degree or title)				22b. ADDRESS Imperial Mo		22c. DATE SIGNED 8/24/59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Aug. 26, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		23d. LOCATION (City, town, or county) (State) Lemay (25) Mo.			
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave.			ADDRESS (11)	25. DATE RECD. BY LOCAL REG. 8-26-59	26. REGISTRAR'S SIGNATURE Robert E. Bauer			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. O. F. Reich
Imperial Mo
No. 7 2 511

6991 8 SEP 1912

1912

Expenses

Turns Right at Lusk
about 400 Feet.

at 7-7895

Pick Permit up at Skelington's

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. G. Petersen

Licensed Embalmer No. 3767

P. O. Address 7420 Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
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.