

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr. Schroff

-62-001100

STATE FILE NUMBER

AMENDED

Registration District No. 126 Primary Registration District No. 200 Registrar's No. 206

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD			Length of stay in 1b 5 DAYS		c. CITY OR TOWN ST. LOUIS COUNTY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSP.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 826 COUNTRY CLUB DRIVE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RAYMOND BROCKMEIER				4. DATE OF DEATH Month Day Year FEB. 3 1962				
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 8/4/05	9. AGE (last birthday) 56	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN PECK'S PRODUCTS			10b. KIND OF BUSINESS OR INDUSTRY CO. CHEMICALS		11. BIRTHPLACE (City and state or country) WEBSTER GROVES, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HENRY BROCKMEIER			13b. MOTHER'S MAIDEN NAME ADDIE RICHTER			14. NAME OF HUSBAND OR WIFE ELLA MAY BROCKMEIER		
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. [REDACTED]		17. INFORMANT Address ELLA M. BROCKMEIER, ST. LOUIS, MO.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular Disease DUE TO (c) unknown						INTERVAL BETWEEN ONSET AND DEATH 3 days		
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		COUNTY		STATE		
21. I attended the deceased from <u>2-1-62</u> to <u>2-3-62</u> and last saw him alive on <u>2-3-62</u> Death occurred at <u>11:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Carle H. Schroff, M.D.</i>				22b. ADDRESS <u>1830 N. Jefferson Springfield, Mo</u>			22c. DATE SIGNED <u>2-6-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE <u>2/7/62</u>		23c. NAME OF CEMETERY OR CREMATORY ST. PETER'S CEMETERY		23d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		
24. FUNERAL DIRECTOR ADDRESS H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.				25. DATE RECD. BY LOCAL REG. <u>2-8-62</u>		26. REGISTRAR'S SIGNATURE <i>Effie S. Melton</i>		

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 19 1962

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 *R. H. McCann*

Licensed Embalmer No. 2727

P. O. Address *W. H. McCann*

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.