

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030552

STATE FILE NUMBER

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 184

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0365

20365

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED SEP 11 1962

1. PLACE OF DEATH (If outside corporate limits, give TOWNSHIP only)
 a. COUNTY Franklin
 b. CITY OR TOWN Washington Length of stay in lb 4 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived - If institutional, Residence before admission)
 a. STATE Mo. b. COUNTY Franklin
 c. CITY OR TOWN Washington Inside Limits Yes No
 d. STREET ADDRESS (If inside, give location) 1416 E. Sixth St. Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
FRITZ H. BROCKMANN

4. DATE OF DEATH Month Day Year
Sept. 5, 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married
 Widowed Divorced 8. DATE OF BIRTH 2/2/1893 9. AGE (last birthday) 69
 IF UNDER 1 YEAR Month 7 Days 3 IF UNDER 24 HR Hours 3 Min. 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jeweler 10b. KIND OF BUSINESS OR INDUSTRY Own Business 11. BIRTHPLACE (City and state or country) Leslie, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Brockmann 13b. MOTHER'S MAIDEN NAME Mary Kormeyer 14. NAME OF HUSBAND OR WIFE Ida K. Brockmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W.W.I. 17. INFORMANT 9 M. Ida K. Brockmann Address Washington Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Generalized carcinomatosis.
 DUE TO (b) Ca throat
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 Oct 1956 to 5 Sep 62 and last saw him live on 4 Sep 62
 Death occurred at 9:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS Washington, Mo 22c. DATE SIGNED 5 Sep 62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9/7/1962 23c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery 23d. LOCATION (City, town, or county) (State) Washington, Missouri

24. FUNERAL DIRECTOR Nieburg & Witt, Inc., Washington, Mo 25. DATE RECD. BY LOCAL REG. 9/5/62 26. REGISTRAR'S SIGNATURE Lula C. Westman

USE BLACK INK OR TYPEWRITER RIBBON

SEP 18 1962

SEP 26 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 Lester A. Vitt

Licensed Embalmer No. 3254

P. O. Address Washington, Mo.

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.