

FILED MAY 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17875

State File No.

4258

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (What deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (In this place) LIFE	c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS. 2269
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		2b. STREET ADDRESS 1627 N. 17th STR. 0	

3. NAME OF DECEASED (Type or Print)	a. (First) GEORGE	b. (Middle) - J. -	c. (Last) BROCKELMANN	4. DATE OF DEATH (Month) (Day) (Year) MAY 4 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JUNE 14 - 1885	9. AGE (In years last birthday) 65.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST	10b. KIND OF BUSINESS OR INDUSTRY STERLING ALUMINUM DUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN G. BROCKELMANN.	13b. MOTHER'S MAIDEN NAME CATH. HALLEKE.	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO.	16. SOCIAL SECURITY NO. (If no, give year or dates of service) 489-05-4375A.	17. INFORMANT'S SIGNATURE OR NAME Catherine Roeder	ADDRESS 5040 Newport Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident	ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? 33. AX
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22. I hereby certify that I attended the deceased from **10-12-50**, 19___, to **5-4-51**, 19___, that I last saw the deceased alive on **5-4-51**, 19___, and that death occurred at **11:00P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Joseph J. Sasater	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 5-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 7th 51.	24c. NAME OF CEMETERY OR CREMATORY S.S. PETER-PARK CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG. MAY 6 1951	REGISTRAR'S SIGNATURE J. B. Sasater	25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co.	ADDRESS 1827 HOGAN STR.
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WRITE PLAINLY—USING UNFADEING 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 *Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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 this body is not embalmed, fact should be so stated above.