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FILED NOV 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36580**
Registrar's No. **385**

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010**

1. PLACE OF DEATH
a. COUNTY **Cape Girardeau**
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Cape Girardeau**
c. LENGTH OF STAY (In this place) **2 Weeks**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Cape Osteopathic Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Perry**
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Perryville**
d. STREET ADDRESS (If rural, give location) **418 North Holly**

3. NAME OF DECEASED (Type or Print) a. (First) **Henry** b. (Middle) **Brockmeyer** c. (Last) **Brockmeyer** 4. DATE OF DEATH (Month) (Day) (Year) **November 20, 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married A** 8. DATE OF BIRTH **March 26, 1874** 9. AGE (In years last birthday) **77** Months Days Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Common Labor** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) **Perry County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Conrad Brockmeyer** 13b. MOTHER'S MAIDEN NAME **Anna Linnenbrink** 14. NAME OF HUSBAND OR WIFE **Emma Schumer Brockmeyer**

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. **491-26-9919** 17. INFORMANT'S SIGNATURE OR NAME **Clara Brockmeyer** ADDRESS **Perryville, Mo.**

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.*
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Hypostatic Pneumonia**
ANTECEDENT CAUSES DUE TO (b) **Cerebral Accident**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **Cardio-Vascular Renal disease**
II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION **442X** 20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE 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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Nov 7, 1951**, to **Nov 20, 1951**, that I last saw the deceased alive on **Nov 20, 1951**, and that death occurred at **6:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **A. Newell** (Degree or title) **D.O.** 23b. ADDRESS **28 S. Spanish Cape Girardeau Mo.** 23c. DATE SIGNED **Nov 24, 1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **November 20, 1951** 24c. NAME OF CEMETERY OR CREMATORY **St. Boniface Cemetery** 24d. LOCATION (City, town, or county) (State) **Perryville, Mo.**

DATE REC'D BY LOCAL REG. **11-24-51** REGISTRAR'S SIGNATURE **C. C. Summers** 25. FUNERAL DIRECTOR'S SIGNATURE **Albert Bey** ADDRESS **Perryville, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

NOV 27 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Albert Bey

Signed.....
Student Embalmer

Licensed Embalmer No. *3566*

P. O. Address *Ferryville, 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.