

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36207**  
Registrar's No. **9481**

FILED NOV 12 1952

**318**

**1003**

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST LOUIS</b>		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>LITTLE SISTERS OF THE POOR</b>				d. STREET ADDRESS (If rural, give location) <b>3401 SOUTH GRAND AVE</b>			
3. NAME OF DECEASED (Type or Print) <b>CATHERINE BROCKMEYER</b>		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>OCT 13 1952</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED; NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	
8. DATE OF BIRTH <b>AUG 15 1864</b>		9. AGE (In years last birthday) <b>88</b>		10. KIND OF BUSINESS OR INDUSTRY <b>HOUSE WIFE</b>		11. BIRTHPLACE (City, and State or Foreign Country) <b>WEST VIRGINIA</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>JAMES BARRY</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>WILLIAM H. BROCKMEYER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry A Brockmeyer, 4040 Sulleross</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ch. of Myocarditis</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 yr 6 mo 3 yr</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4221</b>				22. I hereby certify that I attended the deceased from <b>9/1</b> , 19 <b>52</b> , to <b>Oct 13, 1952</b> , that I last saw the deceased alive on <b>Oct 9</b> , 19 <b>52</b> and that death occurred at <b>10:40 a.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>Edward P. Baily, M.D.</b>		23b. ADDRESS <b>607 Regent</b>		23c. DATE SIGNED <b>11/4/52</b>		24. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>OCT-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST LOUIS COUNTY</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Smith, 7267 Nail Bridge</b>	
DATE REC'D BY LOCAL REG. <b>OCT 14 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. C. Smith, 7267 Nail Bridge</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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 Ben E. Hoffmann

Licensed Embalmer No. 4366

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.