XC 312 02 84
Reg. 111,070

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23431

BIRTH NO. FILED JUN 26 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1709

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFF. BRKS. MO.
c. LENGTH OF STAY (in this place): 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADM. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY:
c. CITY OR TOWN: NAMEOKI
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1601A PONTOON RD.

8120

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) EDWARD c. (Last) BROCKSCHMITT

4. DATE OF DEATH (Month) (Day) (Year): 6/20/53

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4/1/97
9. AGE (In years last birthday): 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Engrs.
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: ~~UNKNOWN~~ John Charles Brockschmitt
13b. MOTHER'S MAIDEN NAME: ETTA KEIL
14. NAME OF HUSBAND OR WIFE: AMELIA BROCKSCHMITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WORLD I & II
16. SOCIAL SECURITY NO.: 487-20-7647 ~~UNKNOWN~~
17. INFORMANT'S SIGNATURE OR NAME: V. A. HOSPITAL RECORDS ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS DUE TO ARTERIOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 3 Wks

ANTECEDENT CAUSES
Morbid 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. DIABETES MELLITUS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
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): V.A.
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 6/1, 1953, to 6/20, 1953, ~~[illegible]~~, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE: Robert C. Hoppe (Degree or title) M.D.
23b. ADDRESS: V.A. HOSPITAL JEFF. BRKS. MO.
23c. DATE SIGNED: 6/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-21-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Granite City, Illinois

DATE REC'D BY LOCAL REG.: 6-21-53
REGISTRAR'S SIGNATURE: Herbert R. Combs M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John L. Sedlack ADDRESS: Granite City, Ill.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John T. Ledlack

Licensed Embalmer No. 3747

P. O. Address Madison

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.

XC.312 02 84
Reg. 111,070.

The Division of Health of Missouri
BUREAU OF VITAL STATISTICS

State File No. 23431/53

State of ..... } ss.
County of ..... }

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1709

On this 26th day of February, 1954, before me appears Mrs. John E. (Amelia) Brockschmitt who, upon her oath, states that the original record of ~~birth~~ death for JOHN EDWARD BROCKSCHMITT, ~~born~~ died JUNE 20, 1953, in the State of Missouri, and which was filed at St. Louis County on 6-21, 1953, should be corrected as follows:

Item No. 13 should read JOHN CHARLES BROCKSCHMITT
Instead of unknown.

Item No. 16 should read 487-20-7647
Instead of unknown.

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. John E. Brockschmitt - wife
Relationship.
1827 Spruce St. Granite City - Ill.
Present Address.

Subscribed and sworn to before me this 26th day of Feb, 1954
My Commission expires July 3, 1954 Pauline P. Nichols Notary Public.