

XC-16 21 MAY 6 1954
Reg. #652 SL 642

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13225**
Registrar's No. **3375**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 1 day	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		e. STREET ADDRESS 409 Barrow	(If rural, give location) 0883

3. NAME OF DECEASED (Type or Print)	a. (First) MARSHALL	b. (Middle) J.	c. (Last) BROCKWAY	4. DATE OF DEATH (Month) (Day) (Year) APRIL 14, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8/11/87	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED LINEMAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) LEWIS, KANSAS	12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME GEORGE W. BROCKWAY	13b. MOTHER'S MAIDEN NAME MARY MORRIS	14. NAME OF HUSBAND OR WIFE MARIE BROCKWAY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES WW-1	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ASPIRATION PNEUMONITIS DUE TO (c) QUESTIONABLE BRAIN TUMOR		
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) VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **4/14**, 19**54**, to **4/14**, 19**54**, and that death occurred at **11:50 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE J. K. Kaminski (Degree or title) M.D.	23b. ADDRESS VAH, ST. LOUIS, MO.	23c. DATE SIGNED 4-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 4-15-54	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Moberly - Mo.
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DATE REC'D BY LOCAL REG. APR 15 1954	REGISTRAR'S SIGNATURE Carl Smith MO	25. Rowland Aker Mortuary Service ADDRESS 4104 Manchester Ave. St. Louis 10, Mo.
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JUN 17 1954

MAY 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by Student Embalmer No..... working under my personal supervision..

Student..... Signature of Student Embalmer

Signed *Ronald P. Ryan*.....

Licensed Embalmer No.....

P. O. Address..... *3120*

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