

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38585**
Registrar's No. **10090**

BIRTH NO. **80804-54** 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) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood 4511	
d. FULL NAME OF HOSPITAL OR INSTITUTION Permin Desloge Hospital		d. STREET ADDRESS (If rural, give location) 2644 Brentwood	

3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) Paul c. (Last) Brockner			4. DATE OF DEATH (Month) (Day) (Year) 11-7-54		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	
8. DATE OF BIRTH 11-6-54		9. AGE (In years last birthday) -		10. IF UNDER 1 YEAR Months -	
11. IF UNDER 1 YEAR Days -		12. IF UNDER 24 HRS. Hours -		13. Min. 10	
14. Max. 30		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NIL	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZENRY OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME August E. Brockner		13b. MOTHER'S MAIDEN NAME Alice McLaughlin		14. NAME OF HUSBAND OR WIFE NIL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME August E. Brockner-ABOVE	
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) Congenital Otobulosis ANTECEDENT CAUSES Due to (b) Anencephalus. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 7:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 750X	

22. I hereby certify that I attended the deceased from **11-6**, 1954, to **11-7**, 1954, that I last saw the deceased alive on **11-7**, 1954, and that death occurred at **10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert J. Mitchell M.D.		(Degree or title) M.D.		23b. ADDRESS 1325 S. Grand Ave.	
23c. DATE SIGNED 11-7-54		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11-8-54	
24c. NAME OF CEMETERY OR CREMATORY LAUREL-HILL-DEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO		25. FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH	

DATE REC'D BY LOCAL REG. NOV 8 1954		REGISTRAR'S SIGNATURE Carl Smith		ADDRESS 544-B SMITH-Maplewood-MO	
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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 embalmed by me, or by.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

NOT-EMBAHMED. -
H.W. Brown
Signed.....
Jay D. Smith/Funera
Licensed Embalmer No.....
11-8-54

P. O. Address.....

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.