

FILED JAN 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42820

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3013

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Clayton		c. LENGTH OF STAY (In this place township) 9 hrs.	c. CITY OR TOWN Glencoe 4000
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Grant Ave.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Samuel Brocke b. (Middle) Henry c. (Last) Brockes			4. DATE OF DEATH (Month) (Day) (Year) Dec. 21, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 14, 1924	9. AGE (In years last birthday) 31	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Plumbing		11. BIRTHPLACE (City and State or Foreign Country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME Golden H. Brockes		13b. MOTHER'S MAIDEN NAME Mary Opal Fancher		14. NAME OF HUSBAND OR WIFE Bonnie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW II		16. SOCIAL SECURITY NO. 336-18-2370		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Bonnie Brockes, Glencoe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Concussing wound of Brown due to gun shot ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Open comminuted fracture of skull DUE TO (c) Purulent disorder of Nervous System due to unknown cause		INTERVAL BETWEEN ONSET AND DEATH	
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) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Glencoe St. Louis MO.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 21, 1955 10⁰⁰ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Gunshot wound	

22. I hereby certify that I attended the deceased from 12-21, 1955, to 12-21, 1955, that I last saw the deceased alive on 12-21, 1955, and that death occurred at 8:15 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard A. King M.D.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 12-22-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-22-55		24c. NAME OF CEMETERY OR CREMATORY Bethany Cemetery	
24d. LOCATION (City, town, or county) (State) Iberia, Mo.					

DATE REC'D BY LOCAL REG. 12-24-55		REGISTRAR'S SIGNATURE Herbert B. Lombard		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington Blvd.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 22 1956

VS APR 25 1956

FEB 17 1956

AUG 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Etton H. Remelars*

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

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