V.S. No. 300
Rev. 10.48

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41622

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. 286

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. CHARLES RURAL
c. LENGTH OF STAY (in this place): ~~[illegible]~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~EMMAUS HOME~~ No. River Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: CLAYTON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): (RESIDED AT EMMAUS HOME ST CHARLES MO 9 YRS)

3. NAME OF DECEASED (Type or Print)
a. (First): HAZEL
b. (Middle): —
c. (Last): BROCKMAN

4. DATE OF DEATH (Month) (Day) (Year): Oct 25 1957

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: AUG. 26, 1894
9. AGE (In years last birthday): 63 — 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): NONE
10b. KIND OF BUSINESS OR INDUSTRY: NONE
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: SAMUEL H. RENEAU
13b. MOTHER'S MAIDEN NAME: NORA PEGAN
14. NAME OF HUSBAND OR WIFE: HARRY G. BROCKMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Theophil Stoerker, EMMAUS, ST. CHARLES, 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) Accident drowning

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
9298
42
20. AUTOPSY? YES ☐ NO ☒ 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident drowning
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Missouri River
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Charles 092 Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): On or about 10/18
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: By falling into Missouri River

22. *I hereby certify that I attended the deceased from* Held Inquest Dec 9, 1957, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion Mashay Coroner
23b. ADDRESS: Wentzville Mo
23c. DATE SIGNED: Dec 9, 1957

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 9, 1957
24c. NAME OF CEMETERY OR CREMATORY: Emmaus Cemetery
24d. LOCATION (City, town, or county) (State): St. Charles, Mo.

DATE REC'D BY LOCAL REG.: Dec. 9-57
REGISTRAR'S SIGNATURE: Marcella Wilson
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Arthur C. Bone, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

3

540

0 PEND C.

DEC 20 1957

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 ...Body Not Embalmed....., Student Embalmer No. 552

working under my personal supervision.

Student ...David C Baur.....
Signature of Student Embalmer

Signed ...Nathan C Baur.....

Licensed Embalmer No. 3155

P. O. Address ...St Clark,

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.