

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013707

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 751

FILED VS MAR 30 1960

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY Saint Clair	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS, MO.		Length of stay in lb 8 DAYS	c. CITY OR TOWN E. ST. LOUIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8614 NEW BUNKUM ROAD Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First JOHN Middle H. Last BROICHHAUS			4. DATE OF DEATH Month 3 Day 3 Year 60			
--	--	--	--	--	--	--

5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-3-95	9. AGE (last birthday) 64 YEARS	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
--------------------	-------------------------------	---	---------------------------------	--	---	----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STORE KEEPER	10b. KIND OF BUSINESS OR INDUSTRY GROCERER	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	--	---

13a. FATHER'S NAME HUBERT BROICHHAUS	13b. MOTHER'S MAIDEN NAME CHRISTINE EICHOF	14. NAME OF HUSBAND OR WIFE LILLIAN A. BROICHHAUS
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I	16. SOCIAL SECURITY NO. unk.	17. INFORMANT Address LILLIAN A. BROICHHAUS 8614 New Bunkum Road, E. St. Louis, Ill.
--	-------------------------------------	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) ACUTE BRONCHOPNEUMONIA		1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)	DUE TO (b) ASPIRATION OF GASTRIC CONTENTS	5 DAYS
	DUE TO (c) ACUTE CHOLECYSTITIS	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PARKINSONISM		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
--	---	--

20c. TIME OF INJURY	Hour	Month, Day, Year
---------------------	------	------------------

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	--	------------------------------	--------	-------

21. **VA** attended the deceased from **2-24-60** to **3-3-60**
Death occurred at **9:12** P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. Oppler, M.D., DIRECTOR PROFESSIONAL SVCS. VA HOSP.	22b. ADDRESS JEFF. BRKS., 25, MO.	22c. DATE SIGNED 3-4-60
---	--	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-7-60	23c. NAME OF CEMETERY OR CREMATORY Greenwood cemetery	23d. LOCATION (City, town, or county) E. St. Louis Illinois (State)
---	-------------------------	--	--

24. FUNERAL DIRECTOR KURRUS FUNERAL HOME, E. St. Louis, Ill	ADDRESS	25. DATE RECD. BY LOCAL REG. 3-4-60	REGISTRAR'S SIGNATURE John C. Murphy M.D.
--	---------	--	--

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Not Embalmed
Charles K. ...