

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-031775

FILED VS SEP 13 1960

Registration District No. 316 Primary Registration District No. — Registrar's No. 357

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY City of St. Louis)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township		Length of stay in lb 14Y; 1M; 25das.	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 4;		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5086 Waterman
3. NAME OF DECEASED (Type or print) First EMILY Middle BROCKMAN Last BROCKMAN		4. DATE OF DEATH Month Sept. Day 6, Year 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1886
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 24 HR Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk for Public Service Company, St. Louis, Mo.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.	11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Charles Peale	13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Arthur 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. 497-10-9216		17. INFORMANT Address Records, State Hospital No. 4, Farmington, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia - - - - -			INTERVAL BETWEEN ONSET AND DEATH Abt. 4 das.
DUE TO (b) Inanition - - - - -			At least 1 Mo.
DUE TO (c) Psychosis with cerebral arteriosclerosis - - -			Abt. 14 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 — a.m. — p.m. —	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. I attended the deceased from Feb. 21, 1951 to Sept. 6, 1960 and last saw her ^{her} _{him} alive on Sept. 6, 1960 Death occurred at 6:45 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John A. Brennan, M.D.		22b. ADDRESS State Hospital No. 4 Farmington, Missouri	22c. DATE SIGNED 9-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis City, Missouri
24. FUNERAL DIRECTOR Address Carson Funeral Home, 7233 Delmar University City, Mo.		25. DATE RECD. BY LOCAL REG. Sept. 8, 1960	26. REGISTRAR'S SIGNATURE Esther Rudloff

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 15 1960

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

Paul K. Dugal

Licensed Embalmer No. 4170

P. O. Address Farmington

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.