RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 14 1960

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11597

STATE FILE NUMBER 60-043383

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. LOUIS
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4603 CLEVELAND
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO.
b. COUNTY
c. CITY OR TOWN: ST. LOUIS
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 4603 CLEVELAND
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MARY Middle: Last: BROKATE

4. DATE OF DEATH: Month: DEC Day: 1 Year: 1960

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: APR. 8, 1905
9. AGE (last birthday): 55
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

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

13a. FATHER'S NAME: HERMAN HAACK
13b. MOTHER'S MAIDEN NAME: JENNIE SWEETIN
14. NAME OF HUSBAND OR WIFE: CHARLES BROKATE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 497-03-7578
17. INFORMANT: CHARLES BROKATE Address: 4603 CLEVELAND

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Acute Hemorrhagic Pancreatitis;
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cirrhosis of Liver; Pulmonary Edema
DUE TO (c): 587.0
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 _____ to _____ and last saw her/him alive on _____
Death occurred at 7:00 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Patrick E Taylor (Degree or title): Corner
22b. ADDRESS: 1300 Clark
22c. DATE SIGNED: 12-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: DEC 5, 1960
23c. NAME OF CEMETERY OR CREMATORY: SUNSET HILL CALVARY CEM.
23d. LOCATION (City, town, or county) (State): GRANITE CITY ILL.

24. FUNERAL DIRECTOR: Thomas Kurtis ADDRESS: 2906 Grand
25. DATE RECD. BY LOCAL REG.: DEC 2 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

BY AFFIDAVIT OF

DOCUMENT

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Eleanor Provin

Licensed Embalmer No. 340

P. O. Address 2906 Gra

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