# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1402 STATE FILE NUMBER 61-023108

FILED JUN 16 1961

1. PLACE OF DEATH
a. COUNTY St. Louis Co.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fenton — Length of stay in 1b: 2 mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION Helvey Nur. Home — 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) 5915 Michigan — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Thomas Middle S Last Brohnenkamp
4. DATE OF DEATH: Month 5 Day 18 Year 61
5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/13/1887
9. AGE (last birthday) 74 — 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) Fireman
10b. KIND OF BUSINESS OR INDUSTRY retired
11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward
13b. MOTHER'S MAIDEN NAME Mary Bennis
14. NAME OF HUSBAND OR WIFE Laura
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. none
17. INFORMANT Edward Bohnenkamp Address 5915 Mich

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) Arterio Sclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerosis + Senility — ?
DUE TO (c) Osteo Arthritis + Hypertension — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Had a cerebral Hemorrhage 2 yrs ago
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 None
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 St Louis COUNTY STATE Mo

21. I attended the deceased from March 22 1961, to May 18 1961 and last saw her/him alive on april 20 1961
Death occurred at 4:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thos Starkloff MD (Degree or title) — 22b. ADDRESS 512 Dover Pl — 22c. DATE SIGNED 5/19/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 23b. DATE 5/22/61 — 23c. NAME OF CEMETERY OR CREMATORY Valhalla — 23d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
24. FUNERAL DIRECTOR Schumacher — ADDRESS 3013 Meramec
25. DATE RECD. BY LOCAL REG. 5-19-61
26. REGISTRAR'S SIGNATURE John B. Mangfly M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. — SHOULD READ — INSTEAD OF — DATE AMENDED — 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 by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis,

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.