SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

MENT OF PUBLIC HEALTH AND WELFARE

-61-035199

STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2737

FILED OCT 16 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pasadena Hills
Length of stay in 1b YRS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4014 Roland Blvd. DOA St. Louis County Hosp.
Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Pasadena Hills
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 4014 Roland Blvd.
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First George Middle C. Last Brockhoff

4. DATE OF DEATH Month 9 Day 27 Year 61

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8/21/91
9. AGE (last birthday) 70
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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY Plumbing & Heat.
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry C. Brockhoff
13b. MOTHER'S MAIDEN NAME Lena Albrecht
14. NAME OF HUSBAND OR WIFE Estelle Brockhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

17. INFORMANT Mrs. Estelle Brockhoff Address 4014 Roland Blvd.

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) Carbon Monoxide Poisoning
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 XX HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Intentional inhalation of carbon monoxide

20c. TIME OF INJURY Hour XXX p.m. Month, Day, Year 9/27/61
1:50 Subject found

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.) basement garage, home
20f. CITY, TOWN, OR LOCATION Pasadena Hills COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her him alive on _____
Death occurred at DOA at 3:01 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Raymond Hale (Degree or title) Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 10/5/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 9/29/61
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum
23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR Drehmann-Harral ADDRESS 1905 Union
25. DATE RECD. BY LOCAL REG. 9-28-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Warren A. Carver

Licensed Embalmer No. 3534

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.