

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033470

STATE FILE NUMBER

Registration District No. **318** Primary Registration District **1003** Registrar's No. **8533**

FILED AUG 29 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1
2 4013
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4 1
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN		Length of stay in 1b	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE		b. COUNTY	c. CITY OR TOWN		Inside Limits
St. Louis		St. Louis		2 weeks	Missouri		St. Louis	Florissant		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION					Inside Limits	d. STREET ADDRESS (If outside, give location)				
Stone Nursing Home					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	1445 Thoroughbred Ln				
3. NAME OF DECEASED (Type or print)			First	Middle	Last	4. DATE OF DEATH				
MATHILDA (TILLIE)					BROCKMAN	August 21 1963				
5. SEX	6. COLOR OR RACE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HR			
female	white		6/2/1886	77 years	Months	Days	Hours	Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY		
housewife						St. Louis, Missouri		U. S. A.		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE				
Leon Crets			Bertha Goldstein			James C. Brockman				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of)				16. SOCIAL SECURITY NO.		17. INFORMANT				
no						Elvera McManamee-1445 Thoroughbred Ln.				
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)										1 month
arteriosclerotic cerebral vessel disease with multiple cerebral thromboses.										
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										
DUE TO (b)										
DUE TO (c)										
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 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 July 1962 to Aug 21, 1963 and last saw her alive on Aug 20, 1963. Death occurred at 10:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title)					22b. ADDRESS			22c. DATE SIGNED		
Wayne O. Lortata					100 No Euclid			8-23-63		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		(State)		
removal		August 23, 1963		Lake Charles Cemetery		St. Louis County		Missouri		
24. FUNERAL DIRECTOR					25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE			
BUCHHOLZ MORTUARY-5967 W. Florissant Ave					AUG 22 1963		Road Smith. M.D.			

