

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28820

FILED SEP 8 1943
Registration District No. 224

Primary Registration District No. 30465796

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Rural Moniteau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution

In this community All his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town California
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: 0

3. (a) PRINT FULL NAME Frederick Henry Louis Brockhaus

3. (b) If veteran, name war: _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30th year 1943 hour 10 minute 0 A.M.

21. I hereby certify that I attended the deceased from April 1939 to August 30 1943

that I last saw him alive on August 29 1943 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or Trace W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Stella Brockhaus

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Apr 27 1864
(Month) (Day) (Year)

Immediate cause of death

Pneumonia 3 days

Due to Type unknown

Due to Stroke, 4 day before death

Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

79 4 3 hr. min.

9. Birthplace Moniteau MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: _____

Of operations: _____

Of autopsy: _____

1911

99

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Louis Brockhaus

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Pauline Becker

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Louis Brockhaus

(b) Address California

17. (a) Buried (b) Date thereof 9/11/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brockhaus Cemetery

18. (a) Signature of funeral director William F. Friedman

(b) Address California

19. (a) 9-2-43 (b) A. Keller
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(2) Means of injury _____

23. Signature L. L. Latham (M. D. or other) _____

Address California MO Date signed 8-31-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Aug. E. Williams*.....
Licensed Embalmer No. *3537*.....
P. O. Address *California Md*.....

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 this body is not embalmed, fact should be so stated above.

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Montgomery Walker
 (b) City or town Rural, Baltimore, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Frederick H. L. Beecham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased April 27 1886
(Month) (Day) (Year)

8. AGE: Years 79 Months 4 Days _____ (Less than one day) min. _____

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) A. J. Allen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug Day 30 Year 1943 Hour _____ Minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature _____ (M. D. or other) _____
 Address _____ Date signed _____

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTARY

MOTHER FATHER

28820