

REC'D JUL 22 1938

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

22471

Do not use this space.

1. PLACE OF DEATH

(a) County Monteague Registration District No. 571
 (b) Township Walder Primary Registration District No. 5769 Registered No. 39
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Walter Lewis Brockhaus 220 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>N</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 1st - 1900</u>		
7. AGE YEARS <u>38</u>	MONTHS	DAYS <u>26</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteague Co Mo</u>		
FATHER	13. NAME <u>Henry Brockhaus</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteague Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Schubert</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteague Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Henry Brockhaus California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eureka</u> DATE <u>6/28/38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. J. Illigant Eureka California Mo</u>		
20. FILED <u>6-28 1938</u> <u>H. R. Popejay</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-25-193822. I HEREBY CERTIFY, That I attended deceased from not at all, 19...I last saw him alive on about 8:30 A.M. 19..... Death is said to have occurred on the date stated above, at 8:30 A.M.

The principal cause of death and related causes of importance were as follows:

Suicide by hanging
165

Date of onset

Other contributory causes of importance Supposed to be unbalancedName of operation None Date ofWhat test confirmed diagnosis? View Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? suicide Date of injury 6-25-1938Where did injury occur? at his home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury suicide by hangingNature of injury Rope around neck24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. R. Popejay Coroner Mo, M. D.(Address) California Mo

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.....

Licensed Embalmer No.....

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 this body is not embalmed, above space should be left blank.