No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25352
7344

FILED AUG 15 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hosp #1.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1920a Arsenal St. 9
(If rural, give location)
24 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John H. Brohammer
3. (b) If veteran, name war no.
3. (c) Social Security No. 496-10-6043
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced widower
6. (b) Name of husband or wife Louise M. Brohammer
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 23 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	12	hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Elevator Operator
11. Industry or business City Hosp.
FATHER
12. Name Gustave Brohammer
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Veronica Parlik
15. Birthplace Checko Slovakia 6 (City, town, or county) (State or foreign country)
16. (a) Informant Elmer A. Brohammer
(b) Address 1920a Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Lakewood Park
18. (a) Signature of funeral director Witt Brood & Nlo
(b) Address 2929 S. Jefferson Av.
19. (a) AUG 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1947 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from 2, 19, to, 19; that I last saw h alive on, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion - Arteriosclerosis	
Due to 94a	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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? (Specify type of place) 2
While at work? (e) Means of injury 6
23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 8/7/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Emb cert to be filed.

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, fact should be so stated above.