

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24330**
5839

FILED JUL 16 1951

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST LOUIS		c. LENGTH OF STAY (in this place) 2 WKS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HIGH RIDGE		d. STREET ADDRESS (If rural, give location) MERAMEC TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) MERAMEC TOWNSHIP			
3. NAME OF DECEASED a. (First) EDWIN (Type or Print)			b. (Middle) —	c. (Last) BRACKMANN		4. DATE OF DEATH (Month) (Day) (Year) 6-26-1951	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 30-1886		9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. MERCHANT		10b. KIND OF BUSINESS OR INDUSTRY GEN. BUSINESS		11. BIRTHPLACE (State or foreign country) HIGH RIDGE		12. CITIZEN OF WHAT COUNTRY? Mo.	
13a. FATHER'S NAME WM. BRACKMANN			13b. MOTHER'S MAIDEN NAME ERNESTINE DATHN		14. NAME OF HUSBAND OR WIFE ZOE SARGENT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arthur J. Brackmann High Ridge			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Brain & Lung INTERVAL BETWEEN ONSET AND DEATH 4 wks. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Rectum DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 yrs.			
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION Carcinoma. Brain & Lung				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 154X					
22. I hereby certify that I attended the deceased from 6/14 , 19 51 , to 6/26 , 19 51 , that I last saw the deceased alive on 6/26 , 19 51 , and that death occurred at 6:58 m., from the causes and on the date stated above.							
23a. SIGNATURE Emm R. Jewell MD (Degree or title)				23b. ADDRESS 4952 Maryland		23c. DATE SIGNED 6-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-27-51	24c. NAME OF CEMETERY OR CREMATORY House Springs Mo		24d. LOCATION (City, town, or county) (State)		
DATE REC'D BY LOCAL REG. JUN 29 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. Brimmer House Springs Mo			

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

Dr
O.A. Saunders

5839

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Ronald E. Yaburke

Signed
Student Embalmer

Licensed Embalmer No. 3917

P. O. Address St Louis 10 Mo

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.