

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39204**

FILED NOV 20 1952

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY JEFF	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DESOTO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DESOTO	
c. LENGTH OF STAY (In this place) 48		d. STREET ADDRESS (If rural, give location) 808 N. MAIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION 808 N. MAIN		d. STREET ADDRESS (If rural, give location) 808 N. MAIN	

3. NAME OF DECEASED (Type or Print) LOUIS	a. (First)	b. (Middle) C. H.	c. (Last) BRACKMAN	4. DATE OF DEATH (Month) (Day) (Year) OCT 25 1952
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT. 17, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (State or foreign country) DITTMER Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME GOTTLEIB BRACKMAN	13b. MOTHER'S MAIDEN NAME HELENA CARSON	14. NAME OF HUSBAND OR WIFE MARY BRACKMAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mary Brademan	ADDRESS Desoto Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate		INTERVAL BETWEEN ONSET AND DEATH 4 or 5 yrs
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____		
	DUE TO (c) _____		

19a. DATE OF OPERATION 1949	19b. MAJOR FINDINGS OF OPERATION CH. Prostate	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 177X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **12-8 1949** to **10-25 1952**, that I last saw the deceased alive on **10-25 1952**, and that death occurred at **12:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles J. Jellet M.D.	23b. ADDRESS Desoto Mo.	23c. DATE SIGNED 10-27-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 27 1952	24c. NAME OF CEMETERY OR CREMATORY PARK LAWN	24d. LOCATION (City, town, or county) (State) LEMAY Mo.
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DATE REC'D BY LOCAL REG. 10-31-52	REGISTRAR'S SIGNATURE Marie Parrie	25. FUNERAL DIRECTOR'S SIGNATURE Donnell B. Dietrich	ADDRESS Desoto Mo.
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FEB 6 1953

APR 1 1953
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

NOV 12 1952

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Donnell B. Dietrich*

Licensed Embalmer No. *7104*

P. O. Address *Delato 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.