

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44114

State File No. \_\_\_\_\_

FILED DEC 17 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

Registrar's No. **11557**

1. PLACE OF DEATH: a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	
c. LENGTH OF STAY (in this place) <b>2 weeks</b>		d. STREET ADDRESS (If rural, give location) <b>7610 Alabama</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Georger</b> b. (Middle) <b>J</b> c. (Last) <b>Brommer</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 6 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept 8, 1891</b>	9. AGE (In years last birthday) <b>62</b>	# UNDER 1 YEAR <b>3</b> Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>St Louis Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>Thomas Brommer</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Martini</b>		14. NAME OF HUSBAND OR WIFE <b>Kate Brommer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Kate Brommer 7610 Alabama</b>	

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.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gastric Hemorrhage</b> ANTECEDENT CAUSES <b>Duo duodenal ulcer, Esophageal Varice, Cirrhosis of Liver;</b> DUE TO (b) <b>Fracture of Left Femur, when he fell off chair at Moolah Temple, Mo. 21 1953</b> II. OTHER SIGNIFICANT CONDITIONS <b>None</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>both seen 7:00 and 8:00 pm Accident</b>		AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>at home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Nov 21 53 8:00</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E9026</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **6:45am.**, from the causes and on the date stated above. **45**

25a. SIGNATURE (Degree or title) <b>Patrick E. Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>12-7-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>9 Dec 53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>	
		24d. LOCATION (City, town, or county) (State) <b>St Louis County Mo</b>			

DATE REC'D BY LOCAL REG. <b>DEC 7 1953</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>John L. Ziegenhien &amp; Sons 706 Gravois</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

**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 *Neville B. Prohwitter*

Licensed Embalmer No. *3696*

P. O. Address *7027 Charvis*

**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.