# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-016602

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4155 STATE FILE NUMBER

FILED MAY 7 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 6 hrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barnes Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Ill. b. COUNTY Washington
c. CITY OR TOWN Plum Hill Township — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Nashville, R.R. #2 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Erwin Middle Last Brammeier

4. DATE OF DEATH Month April Day 20, Year 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH May 13, 1911
9. AGE (last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (City and state or country) Okawville Twp. ILL
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Charles Brammeier
13b. MOTHER'S MAIDEN NAME Sophia Siegman
14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT Charles Brammeier Address Nashville R.R.#2 Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Gunshot wound of head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Self-inflicted in home on or about 4-20-62
DUE TO (c) 976x
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suicide

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☒ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above

20c. TIME OF INJURY ? Hour a.m. p.m. Month, Day, Year 4-20-64

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 7 Home
20f. CITY, TOWN, OR LOCATION Nashville, COUNTY Illinois STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 6:05 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Helen L Taylor Coroner
22b. ADDRESS 1300 Clark
22c. DATE SIGNED 4-23-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE 4/23/62
23c. NAME OF CEMETERY OR CREMATORY St. Johns E & R
23d. LOCATION (City, town, or county) (State) Plum Hill Twp. Ill.

24. FUNERAL DIRECTOR John A. Ogonoski ADDRESS East St. Louis, Ill.
25. DATE RECD. BY LOCAL REG. APR 23 1962
26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

## 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.

Not Embalmed

Student _____ Signed John A. Ogonoski

Signature of Student Embalmer

Licensed Embalmer No. 3398

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.