

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
3710a Iowa
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 76 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Brackmann, William F.

3. (b) If veteran, name war.....
3. (c) Social Security No.....

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Schuermann
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased April 23, 1867
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 14
If less than one day hr. min.

9. Birthplace Black Jack Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business "

MOTHER FATHER { 12. Name Carl Brackmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Marie Krefe
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Theo. Brackmann
(b) Address 3634 So. Compton
17. (a) Burial (b) Date thereof May 10, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Salem Luth. Cem., Black Jack Mo.

18. (a) Signature of funeral director Beiderwieden F.H., Inc.
(b) Address 1936 St. Louis Ave.

19. (a) MAY 10 1944 (Date filed for local registrar)
J. F. Brackmann (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3710a Iowa
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1944 hour 12 minute 05 M.

21. I hereby certify that I attended the deceased from May 6, 1944, to only, 1944,
that I last saw him alive on 5/6, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Duration

Due to.....
Due to.....

Other conditions Old lung pathology,
(Include pregnancy within 3 months of death)
probably pleural effusion.

Major findings: None
Of operations.....
Of autopsy None
PHYSICIAN
Underline the cause to 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?

While at work?..... (Specify type of place)
(e) Means of injury.....

23. Signature Chas. D. [Signature] (M.D. or other)
Address 3107 So. Grand Date signed 5/10/44

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

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.

Registered Apprentice No.....

Signed..... *Gudatz*

Licensed Embalmer No. *3727*

P. O. Address..... *1936 St. Louis Ave*

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.