

S. No. 2  
 M-5-43  
 v. 5-17-39  
 I X38671

**FILED** JUL 8 1946  
 Registration No. **2137**

Primary Registration District No. **6076**

Registrar's No. **1397**

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

**1. PLACE OF DEATH:**

(a) County ST. LOUIS  
 (b) City or town Ellesville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Sunset Sanitarium  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Frank J. Brohammer

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 Widower  
 6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased: Jan. 14 1860  
(Month) (Day) (Year)

8. AGE: Years 86 Months 5 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis  
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**

12. Name John Brohammer

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie B. Limecolly  
 (b) Address 6832 Plateau

17. (a) Cremation (b) Date thereof 7/3/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Walter Wilder  
 (b) Address 3634 Grayois Ave.

19. (a) 7-2-46 (b) E. H. Mc Gowan MD  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 96  
 (c) City or town Ellesville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Sunset Sanitarium  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 1  
 year 1946 hour 3 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 1  
 1945, to July 1 1946.  
 that I last saw him alive on June 18 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac dilatation 1 day  
 Due to Chronic myocarditis 4 yrs.  
93 d  
 Other conditions Senility  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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) (b) Means of injury

23. Signature R. P. Theslie (M. D. or other) MD  
 Address Kirkwood, Mo. Date signed 7/2/46

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Frank J. Hand*

Licensed Embalmer No..... *2645*

P. O. Address..... *J. L. Linton*

**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.**