No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13888

FILED MAY 7 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3950

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

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5300a ARLINGTON AVENUE
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town SAINT LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5300a ARLINGTON AVENUE 9
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME WILLIAM BRACKMANN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex MALE 0

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUTH E. BRACKMANN

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased APRIL 14th, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	0	10	hr. min.

9. Birthplace HIGH RIDGE, MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation STORE KEEPER

11. Industry or business BUSCH SULZER ENGINE CO.

FATHER
12. Name WILLIAM BRACKMANN 0
13. Birthplace DITTMER, MISSOURI
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ERNESTINE DAHN 0
15. Birthplace DITTMER, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. RUTH E. BRACKMANN
(b) Address 5300a ARLINGTON AVENUE

17. (a) BURIAL (b) Date thereof 4/28/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEMETERY

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) APR 27 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 24th
year 1948 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 13, 1946 to April 24, 1948;
that I last saw him alive on April 17, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	48 min
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature H. E. Morris (M. D. or other) MD

Address 4643 Steinlage Dr. Date signed 4-25-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

4643 Steinlage
Mw. 97220

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.....

Licensed Embalmer No.....

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