

FILED JAN 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43297**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **11516**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (In this place) 3 wks.		2079	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS (If rural, give location) 5431 Plover	

3. NAME OF DECEASED (Type or Print) a. (First) LOUETTA b. (Middle) (NMI) c. (Last) BRACKMAN	4. DATE OF DEATH (Month) (Day) (Year) Dec. 14, 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH April 13, 1871	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired	10b. KIND OF BUSINESS OR INDUSTRY dressmaker	11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME Henry Wilbrant Brackman	13b. MOTHER'S MAIDEN NAME Mary Springmeyer	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Elsie Millar	ADDRESS 5431 Plover Ave.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 22 dy
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sept cerebral hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 331X
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22. I hereby certify that I attended the deceased from **11-21, 1952** to **12-14, 1952**, that I last saw the deceased alive on **12-14, 1952** and that death occurred at **4:38 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. E. Warren (Degree or title)	23b. ADDRESS 4110 W. Florence	23c. DATE SIGNED 12-15-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE 12/16/52	24c. NAME OF CEMETERY OR CREMATORY Vine St. Hill Cem.	24d. LOCATION (City, town, or county) (State) Cincinnati, Ohio
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DATE REC'D BY LOCAL REG. DEC 15 1952	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons	ADDRESS 6175 Delmar
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G.P. (Licensed Embalmer's Statement on Reverse Side)

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

Dr Harvey Morris
4110 W Florissant
Till 1 P.M.

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 Geo. E. McCulloch
Licensed Embalmer No. 2460
P. O. Address 6175 Dellmar

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.