No. 300
10-46

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44103

FILED DEC 30 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3162

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Creve Coeur
c. LENGTH OF STAY (In this place): 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 660-N-Warson Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Creve Coeur
d. STREET ADDRESS (If rural, give location): 660-N-Warson Road

73 4390

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): F.L.
c. (Last): Brockmann

4. DATE OF DEATH (Month) (Day) (Year): Dec. 8, 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 17, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): St. Louis County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Frederick Wibracht
13b. MOTHER'S MAIDEN NAME: Fredericka Hallerberg
14. NAME OF HUSBAND OR WIFE: William Dcd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Anna Brockmann Clayton, Mo. R#2 — ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident probably Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: over 29 years

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) 331X

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Acute Respiratory Infection — 14 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25, 1952, to Dec 8, 1952, that I last saw the deceased alive on Dec 7, 1952, and that death occurred at 6 55 p.m., from the causes and on the date stated above.

23a. SIGNATURE: G. Kleinschmidt (Degree or title) M.D.
23b. ADDRESS: 508 N. Grand Ave.
23c. DATE SIGNED: 12/9/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-10-52
24c. NAME OF CEMETERY OR CREMATORY: Immanuel Lutheran Cem
24d. LOCATION (City, town, or county) (State): Creve Coeur, Mo.

DATE REC'D BY LOCAL REG.: 12-10-52
REGISTRAR'S SIGNATURE: Hubert R. Dowd per
25. FUNERAL DIRECTOR'S SIGNATURE: Blumann Bros. Inc.
ADDRESS: 2504-Woodson Rd-Overland-14-Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 3454

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 1419

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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