

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14586**

FILED JAN 11 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 3343

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clayton</u> <u>no</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>N-Warson Road</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N-Warson Road</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ernst</u>	b. (Middle) <u>Frank</u>	c. (Last) <u>Brockmann</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 9, 1904</u>	9. AGE (in years last birthday) <u>49</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LaDue Street Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clayton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William Brockmann</u>	13b. MOTHER'S MAIDEN NAME <u>Annie F.L. Wibracht</u>	14. NAME OF HUSBAND OR WIFE <u>Hildegard M. Brockmann</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-36-2319</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hilda M. Brockmann</u> ADDRESS <u>Clayton, Mo. R#2-Box 658</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Self-inflicted gunshot wound of left chest, fired from a 20 ga. single shot Stevens shotgun which was found by his body with one discharged shell in the</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> <u>gun barrel.</u>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>E976X</u>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Ladue St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12/28/53 9:20A</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inflicted gunshot wound of left chest.</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Hillmann</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>12/30/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-31-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Ev. Lutheran Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12/29/53</u>	REGISTRAR'S SIGNATURE <u>Herbert B. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Ed ...</u>	ADDRESS <u>2504-Woodson Rd. Overland-114-Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 14

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

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