

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

5413  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002 Registered No. 612  
 (c) City Fanshawe City (d) Street No. Memorial Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Belleview Hotel St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amy Bates Brewer

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1886

19... to Feb 13, 19... 19... 39  
 I last saw him alive on Feb 13, 19... 39. Death is said to have occurred on the date stated above, at 1030 A.M.

7. AGE YEARS 53 MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Sports promoter  
 10. Date deceased last worked at this occupation (month and year) 1932 11. Total time (years) spent in this occupation 30 years

Carcinoma of lung with metastases to mediastinum Date of onset 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Ill

Other contributory causes of importance:

FATHER 13. NAME Herman Brewer

Parvriectomy  
 Name of operation Parvriectomy Date of 1  
 What test confirmed diagnosis? Yes Was there an autopsy? Yes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Blitz

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No Date of injury No, 19...  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs Amy B. Brewer 410 N. Washington Park Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill DATE Feb 14 1939

Manner of injury No  
 Nature of injury No

19. FUNERAL DIRECTOR (NAME) D. H. McComber (ADDRESS) Brushcreek & Cass

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify No  
 (Signed) D. H. McComber, M. D.  
 (Address) 1405 Bryant Bldg.

20. FILED 714 39 M. M. Brown Local Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

**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, *George M. Collier*

Licensed Embalmer No. *3839*

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, above space should be left blank.**