

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3824

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
HOSPITAL HOMER OPHILIPS
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 5 HOURS
(Specify whether)
 In this community 25 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County C. CO.
 (c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
 (d) Street No. 826 S. 14th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LOUIS BREWER

3. (b) If veteran, name war NO 3. (c) Social Security No. 199-03-9509

4. Sex MALE 5. Color or race Col 6. (a) ~~Single~~ married, ~~Never~~

6. (b) Name of husband or wife ALMA BREWER 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased AUG. 4 1902
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace COLUMBUS MISSOURI
(City, town, or county) (State & foreign country)

10. Usual occupation LABORER.

11. Industry or business BROWN COAL YARD

MOTHER FATHER { 12. Name MARRIE BREWER

13. Birthplace COLUMBUS MISS.
(City, town, or county) (State or foreign country)

14. Maiden name ANNA STEVENS

15. Birthplace QUANAMOUS MISS.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature ALMA BREWER

(b) Address 2195A MARKET ST

17. (a) BURIAL (b) Date thereof 5-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREEN WOOD CEM.

18. (a) Signature of funeral director Clayton P. Petter

(b) Address 3030 Ball Ave.

19. (a) MAY 5 1941 (b) J. F. Brudick
(Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 10th
 year 1941 hour 11:45 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Luetic Aortitis;
Cardiac Hypertrophy;

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to 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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature Clayton P. Petter (M. D. or other)

Address 3030 Ball Ave. Date signed 5/7/41

WHILE PAINFUL—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

1 X 3511

8226 D. 14 84.
Mrs Brewer

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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.