

2-20
7-39
K23159

FILED AUG 28 1941 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5504

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:
Corner of 4th & Convent St.,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 25 Years 3 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 S. 7th St., 23
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Brewer

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 23, 1889
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Annapolis, Mo. _____
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

12. Name Nim Brewer

13. Birthplace Annapolis, Mo. _____
(City, town, or county) (State or foreign country)

14. Maiden name Dora Stith

15. Birthplace Annapolis, Mo. _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wiley Swofford

(b) Address 3213 A Greer Ave.

17. (a) Burial (b) Date thereof July 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Annapolis, Mo.

18. (a) Signature of funeral director Thos. F. Paschedag

(b) Address 2825 N. Grand Blvd.

19. (a) JUL 3 1941 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1941 hour 9:20 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 Arterio Sclerosis
Chronic Nephritis

Due to _____
Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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)
(c) Means of injury _____
23. Signature James P. Paffman _____
(M.D. or other) _____
Address _____ Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

William J. Bernley

Licensed Embalmer No.

42021

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, fact should be so stated above.