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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 15 1943 818

1003

Registrar's No. 2055

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... 12 Days
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town..... Perryville
(If outside city or town limits, write "RURAL.")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Harvey Brewer

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife..... Viola Brewer
6. (c) Age of husband or wife if alive 16 years
7. Birth date of deceased Feb 8 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 0 24 ..hr. ..min.

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Labour

11. Industry or business.....

MOTHER FATHER
12. Name Wm Brewer
13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Strickland
15. Birthplace Missouri 1
(City, town, or county) (State or foreign country)

16. (a) Informant Stelan Proctor
(b) Address 1623 Lafayette

17. (a) (Burial, cremation, or removal) (b) Date thereof.....
(Month) (Day) (Year)
(c) Place: burial or cremation Crosstown Mo

18. (a) Signature of funeral director A. H. R. & Co
(b) Address 2707 N Grand

19. (a) (Date received local registrar?) (b) J. F. Bredick
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2,
year 1943 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from February
19. 1943, to March 2. 1943.
that I last saw him alive on March 2. 1943.
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Uremia

Due to..... Nephrosclerosis 12/1
Due to.....

Other conditions..... Pericarditis, acute
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy..... Pericarditis
Nephrosclerosis

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)
(e) Means of injury.....
23. Signature Gray A. Fleming (M, D, or other) 4
Address 1515 Lafayette Avenue Date signed 3/2/43

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

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Embalmer's separate certificate filed - 3/2/43

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.....

Licensed Embalmer No.....

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.