

FILED MAR 15 1943  
Registration District No. 318

Primary Registration District No. 1003

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

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:  
BARNES HOSPITAL 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Jerry Frederick Brothers

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Unknown

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased November 9 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55	3	24	hr. min.
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9. Birthplace Minnesota  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired R. R. Fireman

11. Industry or business \_\_\_\_\_

12. Name Unknown Brothers

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

14. Maiden name Marjorie Lowe

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

16. (a) Informant Mrs. J. F. Brothers

(b) Address Rolla, Mo.

17. (a) Burial Burial  
(Burial, cremation, or removal)

(b) Date thereof 3/5/43  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAR 4 1943 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps 81

(c) City or town Rolla  
(If outside city or town limits, write "RURAL") 218

(d) Street No. 10  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3  
year 1943 hour 8 minute 25 A M.

21. I hereby certify that I attended the deceased from March 1, 1943, to March 3, 1943 that I last saw him alive on March 3, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Shock due to hemorrhage

Due to Carcinoma of Stomach

Due to \_\_\_\_\_

Other conditions No  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Unrated carcinoma of stomach

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 M. C. Abney (M. D. \_\_\_\_\_)  
Address BARNES HOSPITAL Date signed 3/3/43

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MAY 29 1958

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

*Walter G Burnley*  
Licensed Embalmer No. 4202

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.**