

FILE OCT 13 1943
Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 8643 ✓

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 2 Days
(Specify whether years, months or days)

In this community 12 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Jesse Gilbert Brewer

3. (b) If veteran, name war No

3. (c) Social Security No. _____

4. Sex M

5. Color or Race W

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

6. (b) Name of husband or wife Ada Belle

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased March 13th 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>6</u>	<u>15</u>	hr. _____ min.

9. Birthplace Big Sandy, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Fireman

11. Industry or business _____

MOTHER FATHER

12. Name Lee Brewer

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

14. Maiden name Orleane Brewer

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

16. (a) Informant Illa Allen

(b) Address 2025 Rutger

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 9/30/43
(Month) (Day) (Year)

(c) Place: burial or cremation N.Y. State Cem.

18. (a) Signature of funeral director J. F. Bredeck

(b) Address 2301 Lafayette Ave.

19. (a) SEP 30 1943
(Date received local registrar) J. F. Bredeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2025 Rutger St.
(If rural, give location)

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

If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28, year 1943 hour 2:05 minute P. M.

21. I hereby certify that I attended the deceased from September 27, 1943, to September 28, 1943; that I last saw him alive on September 28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 1 wk.

Due to Bilateral pyelonephritis

Due to Cancer of the Bladder 4 yrs.

Other conditions Hypertrophy of the Prostate

Major findings: Of operations 52

Of autopsy None performed

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) (e) Means of injury

23. Signature L. T. Fard (M, D, or other) MD

Address 1515 Lafayette Avenue Date signed 9/28/43

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

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 L. B. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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.