

FILED AUG 8 1944 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6611

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1600 Semple Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leon Joseph Brewer
3. (b) If veteran, name war _____ 3. (c) Social Security No. 492-10-8892

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 24
year 1944 hour 02 minute _____ P.M.
21. I hereby certify that I attended the deceased from July 4-44
to July 24-44
that I last saw him alive on July 24
and that death occurred on the same day and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Beatrice Hoffman 6. (c) Age of deceased wife if alive 33 years
7. Birth date of deceased December 29, 1906
(Month) (Day) (Year)

Immediate cause of death Chronic Myo-Carditis - Duration _____
Due to Rheumatic Heart Disease
Due to Nephritis, Chronic
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years 37 Months 6 Days 25 If less than one day _____ hr. _____ min.
9. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)

Major findings: 131
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name Valentine Brewer
13. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Loose
15. Birthplace Perry County Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Beatrice Brewer
(b) Address 1600 Semple Ave. St. Louis, Mo.
17. (a) Burial (b) Date thereof 7-29-1944
(Burial, ~~cremation~~) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director City Funeral Home
(b) Address Perryville, Mo.
19. (a) JUL 28 1944 (b) J. F. Braden
(Date received local registrar's certificate) (Registrar's signature)

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) (6) Means of injury _____
23. Signature C. E. Cochran M.D. (M. D. or other) _____
Address 1502 1/2 Union Blvd. Date signed 7-24-44

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..... *Albert Bey*

Licensed Embalmer No. *3860*

P. O. Address *Perryville, Mo.*

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.