S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32369

Registrar's No. 8578

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-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk. (Specify whether years, months or days)
In this community 3 wks.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town Caruthersville
(If outside city or town limits, write "RURAL")
(d) Street No. N.R.
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN BRUMLEY
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Minnie
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased Feb. (Month) 28 (Day) 1883 (Year)
8. AGE: 62 Years ~~64~~ 8 Months ~~8~~ 9 Days ~~11~~ If less than one day hr. min.
9. Birthplace Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Steve Brumley
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Nancy Cummings
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Edward Brumley
(b) Address Caruthersville, Missouri
17. (a) Removal (b) Date thereof 9-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Caruthersville, Mo.
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette., St. Louis, Mo.
19. (a) SEP 10 1947 (Date received local registrar) (b) J. F. Bieberich (Registrar's signature)

Can by H.-1-47 H.S. Tella

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 9th year 1947 hour 5:35 minute P M.
21. I hereby certify that I attended the deceased from 9/1/47, 19, to Sept. 9th, 1947; that I last saw him alive on Sept. 9th, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	1 wk.
Due to: Undiagnosed disease of kidney	?
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (Specify type of place) (Means of injury)
23. Signature Joseph E. Weldon
Address 1515 Lafayette 9/10/47 Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Jos. E. Weldon

NOV 14 1941

SEP 18 1947

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of St. Louis }

State File No.
Local Registrar's No. 318 1003

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th, day of November, 1947, before me appears Edward Brumley, who, upon his oath, states that the original record of ~~birth~~ death for John Pitts Brumley, ~~born~~ died September 9, 1947, in the State of Missouri, and which was filed at St. Louis, Mo. on Sept. 9, 1947, should be corrected as follows:

Item No. 7 should read January 1, 1885
Instead of x

Item No. 8 should read 62 years, 8 months, 9 days
Instead of 64

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edward Brumley Son
Relationship.

Route 1 Caruthersville, Mo.
Present Address.

Subscribed and sworn to before me this 7th day of November, 1947.

My Commission expires January 25, 1950 Herson Michie Notary Public.

Affidavits containing erasures will not be accepted; draw one line through and write above it.

Form V. S. 135
25M-3-42
I X32339

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