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FILED JUL 3 1948
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 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:
1419 Missouri Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 25 years

3. (a) PRINT FULL NAME BENJAMIN H. BRUMLEY

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex M () 5. Color or race W

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

6. (b) Name of husband or wife Margaret alive 45 years

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

7. Birth date of deceased August 24, 1893
(Month) (Day) (Year)

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

54 10 - hr. min.

9. Birthplace Hardin County, Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Proprietor

11. Industry or business Self

MOTHER FATHER { 12. Name Steve Brumley

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

14. Maiden name Nancy Cummings

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

16. (a) Informant Margaret Brumley

(b) Address 1419 Missouri Avenue

17. (a) Removal (b) Date thereof 6-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayti, Missouri

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) JUN 25 1948 (b) J. Brumley
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osceola

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

(d) Street No. 1419 Missouri Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1948 hour 12 minute 00

21. I hereby certify that I attended the deceased from Jan-1-1945
to June 25, 1948

that I last saw him alive on June 23, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration 5

Due to ✓

Due to ✓

Other conditions 930
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations ✓

Of autopsy none

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) _____

Means of injury _____

23. Signature Dr. W. H. Brown (M.D. or other) ✓

Address 209 5th Jefferson Date signed June 25 1948

Dr. James M. Haven
2027th So. Jefferson

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..... R. 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.