

Registration District No. 276

Primary Registration District No. 4410

Registrar's No. 42

1. PLACE OF DEATH:
(a) County P. Phelps
(b) City or town St James MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County P. Phelps
(c) City or town St James MO
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Wm H Brewer
3. (b) If veteran, name war World War I 3. (c) Social Security No. L

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 16 year 1948 hour 19:15 minute 0 M.
21. I hereby certify that I attended the deceased from July 9, 1948, to July 16, 1948, and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Fannie Brewer 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Oct 19 - 1874
(Month) (Day) (Year)

Immediate cause of death: Cardiac Decompensation Duration 1 day
Due to Hypertension 5 yrs
Due to Arteriosclerosis 18 yrs

8. AGE: Years 71 Months 8 Days 27 If less than one day hr. 0 min. 0
9. Birthplace Bel Briel MO
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death): _____
Major findings: _____
Of operations: _____
Of autopsy: 95C

10. Usual occupation Physician
11. Industry or business: _____
12. Name Wm Brewer
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Edna Matlock
15. Birthplace Tenn
(City, town, or county) (State or foreign country)

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 0

16. (a) Informant Fannie Brewer
(b) Address St James MO
17. (a) Burial (b) Date thereof 7-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Masonic Cem St James MO
18. (a) Signature of funeral director Orrel E. Dickhilde
(b) Address St James MO
19. (a) 7-17-48 Corra E. Birmingham
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address St James MO Date signed 7/17/48

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 7/22/48

9461 10 1946

AUG 12 1948

JUL 22 1948

APR 24 1956

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.....

me....., Registered Apprentice No.....
working under my personal supervision.

Signed Cree E. Licklider

Licensed Embalmer No. 3546

P. O. Address St James

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.