

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10991

FILED APR 2 1949

REG. DIST. NO. 317

PRIMARY REG. DIST. NO. 6076

Registrar's No. 528

96
00

BIRTH NO.		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 6076		Registrar's No. 528		
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Madison				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo.		c. LENGTH OF STAY (in this place) 48 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alton				
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Adm. Hospital				d. STREET ADDRESS (If rural, give location) 1513 Main Street				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE		b. (Middle) I.		c. (Last) BREWER		4. DATE OF DEATH (Month) (Day) (Year) March 7, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 3, 1890		9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months -- Days 4	IF UNDER 4 HRS. Hours -- Min. --	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman		10b. KIND OF BUSINESS OR INDUSTRY City Fire Dept.		11. BIRTHPLACE (State or foreign country) Hannibal, Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME William Brewer		13b. MOTHER'S MAIDEN NAME Stella Franks		14. NAME OF HUSBAND OR WIFE none				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) yes WW-1		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Registrar VAH, Jefferson Barracks, Missouri		ADDRESS		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF PROSTATE WITH METASTASES			INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>				DUE TO (b) 177A				
				DUE TO (c) 312				
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								
19a. DATE OF OPERATION 2/7/48		19b. MAJOR FINDINGS OF OPERATION Orchiectomy				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from January 18, 1949, to March 7, 1949 , that I last saw the deceased alive on March 7, 1949 and that death occurred at 2:35 p. m. , from the causes and on the date stated above.								
23a. SIGNATURE L. E. STILWELL (Degree or title) MD				23b. ADDRESS VAH, Jefferson Barracks, Mo.		23c. DATE SIGNED 3/8/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 11, 1949	24c. NAME OF CEMETERY OR CREMATORY National		24d. LOCATION (City, town, or county) (State) Alton Illinois			
DATE REC'D BY LOCAL REG. 3-19-49		REGISTRAR'S SIGNATURE <i>Shirley L. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Strenger Funeral Home - Alton, Ills.				

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert H. Streaper

Licensed Embalmer No. 2474

P. O. Address: Alton, Ill.

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.