

FILED JUN 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

18944

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. Sub 2 Registrar's No. 1383

1. PLACE OF DEATH a. COUNTY <b>SAINT LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>OLIVETTE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CLAYTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OLD BONHOMME RESTORUM</b>		d. STREET ADDRESS (If rural, give location) <b>818 SOUTH BRENTWOOD BLV'D.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WALTER</b> b. (Middle) <b>FREDERICK</b> c. (Last) <b>BRUMM</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 1 1950</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>	8. DATE OF BIRTH <b>MARCH 20 1883</b>
9. AGE (In years last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-DIST. MANAGER</b>	11. BIRTHPLACE (State or foreign country) <b>SAINT LOUIS, MISSOURI.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED-DIST. MANAGER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>INLAND STEEL</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>PHILLIP BRUMM</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ELIZABETH ROHLFING</b>	14. NAME OF HUSBAND OR WIFE <b>HELEN NOWAK</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>NELLE L. MARTIN - 818 SO. BRENTWOOD BL.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic insufficiency</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastatic carc. of liver</b> DUE TO (c) <b>Carcinoma of prostate gland</b> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>ok/ad</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>177X</b>
22. I hereby certify that I attended the deceased from <b>3-27</b> , 1950, to <b>6-1</b> , 1950, that I last saw the deceased alive on <b>5-31</b> , 1950, and that death occurred at <b>6:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>John L. Horner MD</b> (Degree or title)		23b. ADDRESS <b>114 N. Taylor St. St. Louis 8</b>	23c. DATE SIGNED <b>6-1-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>CREMATION</b>		24b. DATE <b>6/2/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>OAK GROVE CREMATORY</b>
24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS COUNTY, MISSOURI.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. B. LIPTON &amp; SONS</b> ADDRESS <b>7233 DELMAR BLV'D.</b>	
DATE REC'D BY LOCAL REG. <b>6-1-50</b>		REGISTRAR'S SIGNATURE <b>Robert H. Blouin</b>	

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

4004

4442

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.....

*not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Clarence H Murray*

Licensed Embalmer No. *4011*

P. O. Address *St Louis*

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.