

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42038

State File No. ....

318

1003

Registrar's No. 10261

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10261	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. LENGTH OF STAY (In this place) 17 DAYS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL				d. STREET ADDRESS (If rural, give location) 17 3132 St. Vincent avenue			
3. NAME OF DECEASED (Type or Print) HAROLD		a. (First) J.		b. (Middle) BREWER		c. (Last)	
4. DATE OF DEATH NOVEMBER 30, 1950		5. SEX male <input type="radio"/>		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 17 ?		9. AGE (In years last birthday) 45 ?		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver		11. BIRTHPLACE (State or foreign country) Sullivan, Mo. <input type="radio"/>	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W. J. Brewer		13b. MOTHER'S MAIDEN NAME Emma Benson		14. NAME OF HUSBAND OR WIFE Bernice Brewer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Bernice Brewer, 3132 St. Vincent St. Louis, Mo. ADDRESS			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SUB-ARACHNOID HEMORRHAGE  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CEREBRAL ANEURYSM  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 WEEKS  UNKNOWN	
19a. DATE OF OPERATION 11/25/50		19b. MAJOR FINDINGS OF OPERATION CEREBRAL ANEURYSM				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 331X			
22. I hereby certify that I attended the deceased from NOVEMBER 13, 1950, to NOVEMBER 30, 1950, that I last saw the deceased alive on November 30, 1950, and that death occurred at 2:05 a. m., from the causes and on the date stated above.							
23a. SIGNATURE F. R. Bradley (Degree or title) M.D.				23b. ADDRESS Barnes Hospital		23c. DATE SIGNED 11-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 2, 1950		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. DEC 2 1950		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE Jay B. Smith, 7450 Manchester Maplewood, Mo. ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J.P. Burgess*

Signed .....

Student Embalmer

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.