

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14085

3225

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St Louis	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis	2189
d. FULL NAME OF HOSPITAL OR INSTITUTION 4335 ARCO AVE.		d. STREET ADDRESS (If rural, give location) 18 4335 ARCO AVE.	

3. NAME OF DECEASED (Type or Print) George Brewer			4. DATE OF DEATH (Month) (Day) (Year) 4-4-52		
a. (First)	b. (Middle)	c. (Last)			

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-11-1875	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME William Brewer		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE MAE ANNA Brewer	
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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. NONE		17. INFORMANT'S SIGNATURE OR NAME MAE ANNA Brewer ADDRESS 4335 ARCO	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		DUPLICATE					
ANTECEDENT CAUSES		DUPLICATE					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension, Arteriosclerosis					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE					
Conditions contributing to the death but not related to the disease or condition causing death.		DUPLICATE					
		Senility					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H2O	
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22. I hereby certify that I attended the deceased from **5-12**, 19**42** to **4-4**, 19**52**, that I last saw the deceased alive on **4-4**, 19**52**, and that death occurred at **10-15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE A. K. Brewer (Degree or title) M.D.		23b. ADDRESS 4266^a Manchester		23c. DATE SIGNED 4-5-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4-7-52		24c. NAME OF CEMETERY OR CREMATORY LAKE CHARLES		24d. LOCATION (City, town, or county) (State) St Louis Co, Mo	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 7 1952 Cal Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 4104 Manchester Ave.	
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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

Bernard J. Johnson

Licensed Embalmer No. *366*

P. O. Address *Alamo, 722*

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.