

FILED JUL 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26673

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 1947

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Rock Hill		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill 4631	
c. LENGTH OF STAY (in this place) 2 yr		d. STREET ADDRESS (If rural, give location) 1032 MARTHA LANE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1032 MARTHA LANE			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) B c. (Last) BREWER			4. DATE OF DEATH (Month) (Day) (Year) 7 18 52		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-19-1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months 5 Days 29	IF UNDER 12 HRS Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PIPE-HAMMER-DRILLER - OF ROADS		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A	
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13a. FATHER'S NAME CHARLES BREWER		13b. MOTHER'S MAIDEN NAME DELANEY HURT		14. NAME OF HUSBAND OR WIFE GLADYS-BREWER	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give year or dates of service) W.W.I.		16. SOCIAL SECURITY 489-03-6796		17. INFORMANT'S SIGNATURE OR NAME GLADYS-BREWER-1032 MARTHA LANE ADDRESS 4201	
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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, asphyxia, 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) Acute myocardial infarction (2nd episode)				15 minutes	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute myocardial infarction (1st attack)				2 mo - 20 days	
		DUE TO (c) Hypertensive cardio-vascular disease				estimated 5 yrs	
		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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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?	
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22. I hereby certify that I attended the deceased from **Oct 3, 1948**, to **July 18, 1952**, that I last saw the deceased alive on **July 14, 1952**, and that death occurred at **10:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Beckelman M.D. (Degree or title)		23b. ADDRESS 2615 Brentwood Blvd		23c. DATE SIGNED 7/19/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 7-21-52		24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY MO	
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DATE REC'D BY LOCAL REG. 7-21-52		REGISTRAR'S SIGNATURE Herbert R. Donker MD		FUNERAL DIRECTOR'S SIGNATURE JAY B. SMITH ADDRESS 7456 MANCHESTER MAPLEWOOD MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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SW

(Licensed Embalmer's Statement on Reverse Side)

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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

Anthony Boan

Licensed Embalmer No. *4615*

P. O. Address.....

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.