

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **5568**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Days
(Specify whether years, months or days)
 In this community 25 yrs

3. (a) PRINT FULL NAME William Brumitt **653**

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Beulah 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Jan. 24, 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 4 If less than one day hr. _____ min. _____

9. Birthplace New Burnside, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Brakeman (Retired) **9**

11. Industry or business _____

12. Name Wm. Brumitt **9**

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Martha Herrin

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Beulah Brumitt
 (b) Address 1006 Hickory Street

17. (a) Burial (b) Date thereof 7/1/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director C. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) **JUN 29 1940** (b) J. F. Geddes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **22**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1006 Hickory Street
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28, year 1940 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from June 25, 19 40 to June 28, 19 40
 that I last saw him alive on June 28, 19 40
 and that death occurred on the date and hour stated above.

Immediate cause of death Stricture of Esophagus
Etiology Unknown

Due to Hypertrophy of Prostate

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Esophagoscopy - Stricture

Of operations _____
 Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of injury) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address 1515 Lafayette Date signed 6/29/40

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Paul A. Keith*

Licensed Embalmer No. *3612*

P. O. Address *2317 Lafayette*

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, above space should be left blank.