

Registration District No. 194791

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 4222a Hunt  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Nil  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 1817  
(d) Street No. 4222a Hunt  
(If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12  
year 1941 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 10 1941 to July 12 1941  
that I last saw him alive on July 12 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death: arteriosclerosis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: Bronchitis chronic  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
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 place)  
(e) Means of injury \_\_\_\_\_  
23. Signature M. E. Sheehy (M.D. or other) \_\_\_\_\_  
Address 4300 Manchester Date signed \_\_\_\_\_

8. (a) PRINT FULL NAME Susan Brewer  
3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Henry Brewer 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. 21, 1843  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
97 11 21 hr. \_\_\_\_\_ min.

9. Birthplace Sullivan, Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Isaac West

13. Birthplace \_\_\_\_\_ / Va.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Gervat

15. Birthplace \_\_\_\_\_ / Va.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ella Murray

(b) Address 4222a Hunt

17. (a) Burial (b) Date thereof 1-15-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Jay B. Smith 8444

(b) Address 7456 Manchester

19. (a) JAN 14 1941 (b) J. W. Brudick  
(Date received local registrar) (Registrar's signature)

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

OCT 10 1950

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*H. Burgess*

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, above space should be left blank.**