S. No. 2
—11-10-39
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I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11945

FILED APR 9 1941

Registration District No. 184 Primary Registration District No. 101 Registrar's No. 632

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Louis County Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 da (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St Louis
(c) City or town Rural Creve Coeur #2 (If outside city or town limits, write "RURAL")
(d) Street No. Lindberg & Dorsett (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME John M Brouster
3. (b) If veteran, name war None
3. (c) Social Security No. Well-Cal
4. Sex Male O
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 28 (Day) 21 (Year)
8. AGE: Years 20 Months 0 Days 23 If less than one day hr. min.
9. Birthplace St Louis County (City, town, or county) Mo. O (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER 12. Name Clarence M. Brouster
13. Birthplace St Louis Co (City, town, or county) Mo. O (State or foreign country)
MOTHER 14. Maiden name Bessie Evans
15. Birthplace St. Louis (City, town, or county) Mo. O (State or foreign country)
16. (a) Informant Clarence Brouster
(b) Address Creve Coeur R#2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 24 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cem
18. (a) Signature of funeral director Oatman-Eggleston Funeral Home
(b) Address 2222 Lackland Overland Mo
19. (a) MAR 22 1941 (Date received local registrar) (b) T R Moyer M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1941 hour minute 2 45 P M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Accidently burned when drum of alcohol exploded in filling station causing
Due to same to burn.
Due to Second degree burns of head, body, chest and extremities involving 70% of
Other conditions (Include pregnancy within 3 months of death) body surface.

Duration

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) Accident
(b) Date of occurrence March 19, 1941
(c) Where did injury occur? Lindbergh & Dorsett (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Industrial place (Specify type of place)
While at work? Yes (e) Means of injury Explosion
23. Signature Louis H Bopp (M. D. or other)
Address Kirkwood, Mo. 3/22/41 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Al C Ortmann

Licensed Embalmer No. 3478

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, above space should be left blank.