

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3921

1. PLACE OF DEATH:

(a) County St. Louis Mo
(b) City or town St. Louis
(c) Name of hospital or institution: Carson Goodfellow
(d) Length of stay: _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis
(d) Street No. 5744 De Giverville
(e) If foreign born, how long in U.S.A.?

3. (a) PRINT FULL NAME Marvin Bradley Brewer

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

4. Sex Male 5. Color or race White 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 August 7, 1913

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>9</u>	<u>--</u>	hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Bicycle Sales & rental shop.

11. Industry or business _____

12. Name Grant Brewer

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

14. Maiden name Martha Bradley

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

16. (a) Informant Mrs. Martha Brewer

(b) Address 5744 De Giverville

17. (a) Burial (b) Date thereof May 9, 1941

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4468 Washington

19. (a) MAY 9 1941 (b) J. T. Brubek

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1941 hour 8:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial Infarction

When deceased was found seated in his Dodge car

Due to myocardial infarction

Heart was about 50 percent enlarged

with coronary atherosclerosis

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

Exhaustive type to interior of car

Major findings: 3.1

Of operations _____

Of autopsy 16

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) suicide

(b) Date of occurrence 5/7/41

(c) Where did injury occur? St. Louis MO

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

Whereof work? _____ (Specify type of place) (e) Means of injury 3

23. Signature Thomas Callender (M. D. or other) _____
Address Deputy Coroner Date signed 5/9/41

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

5819-

5192 Von Veron

8-7-13

fresh 14/13

maimie-c. woman

by cyril - 7/30/36

male - aged - Free etc

found 5 times etc =

Wm. H. Carnuthers -

1601 S. Franklin

7/14/13

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 Philip M. Levey

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

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.