

S. No. 2  
M-2-43  
5-17-39  
I X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **13681**

FILED MAY 13 1943

Registration District No. **1008**

Primary Registration District No. **1008**

Registrar's No. **473**

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
5335 Lake Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community 32 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town 5335 Lake Ave.  
(If outside city or town limits, write "RURAL")

(d) Street No. St Joseph  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Richard Ernest Brewer

3. (b) If veteran, name war No

3. (c) Social Security No.....

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Opal

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased: Feb. 4 1885  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>2</u>	<u>19</u>	hr. min.

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

10. Usual occupation XXXXXXXX, Swift & Co.

11. Industry or business Foreman, laundry

12. Name John Brewer

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

14. Maiden name Mattie Power

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

16. (a) Informant Mrs Opal Brewer

(b) Address 5335 Lake Ave.

17. (a) Burial (b) Date thereof 4-24-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Fleeman & Son Inc.

(b) Address 1946 Colhoun St.

19. (a) 4-24-43 (b) Ree Hayes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1943 hour 4 minute 40 A. M.

21. I hereby certify that I attended the deceased from 1-19  
1939 to Apr 23 1943;  
that I last saw him alive on 4/17/43 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Coronary Thrombosis

Duration 20 min

Due to 9/4/43

Other conditions  
(Include pregnancy within 3 months of death)  
Chr Osteo arthritis spine

Major findings:  
Of operations.....

Of autopsy.....

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

(a) Accident, suicide, or homicide (specify) No

(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?  
(Specify type of place)

While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature Neil J. Jones (M. D. or other).....  
Address Kirkpatrick Bldg. Date signed 4-24-43

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1333

(Licensed Embalmer's Statement on Reverse Side) St Joseph, Mo

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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.....

*Robert H. Gyle*

Licensed Embalmer No. ....

*3308*

P. O. Address.....

*St Joseph, Mo*

**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.**