

28480

State File No. ....

**FILED** AUG 27 1946  
 Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2190**

**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:  
5730 Vernon  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community 35 years (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County.....  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5730 a Vernon  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Albert Rust Brashear  
**3. (b) If veteran,** name war..... **No.**  
**3. (c) Social Security** No.....

**4. Sex** M. O **5. Color or race** W.  
**6. (a) Single, widowed, married, divorced** M.  
**6. (b) Name of husband or wife** Irene Miller  
**6. (c) Age of husband or wife if alive** 84 years  
**7. Birth date of deceased** Nov. 12 1861  
 (Month) (Day) (Year)

**8. AGE:** Years 84 Months 9 Days 6  
 If less than one day hr. min.

**9. Birthplace** Appomattox Court House, Alexandria, Va.  
 (City, town, or county) (State or foreign country)

**10. Usual occupation** Retired  
**11. Industry or business** General Agent for M. K. & T.

**12. Name** Robert B. Brashear  
**13. Birthplace** Virginia  
 (City, town, or county) (State or foreign country)  
**14. Maiden name** Ann Rector  
**15. Birthplace** Virginia  
 (City, town, or county) (State or foreign country)

**16. (a) Informant** Harry B. Knapp  
**(b) Address** 377 N. Taylor

**17. (a) Burial** (Burial, cremation, or removal) burial  
**(b) Date thereof** 8/19-46  
 (Month) (Day) (Year)  
**(c) Place: burial or cremation** Oak Grove

**18. (a) Signature of funeral director** Alexander Sons, Inc.  
**(b) Address** 6175 Delmar

**19. (a) AUG 19 1946** (Date received local registrar)  
**(b) J. F. Bredeck** (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Aug. day 18  
 year 1946 hour 9 minute 10 A.M.  
**21. I hereby certify that I attended the deceased from** Aug 4  
1946 to Aug 18, 1946;  
 that I last saw him alive on Aug 17, 1946;  
 and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Infarction Myocardium Remote (Remote)  
Recent (Recent)  
Sclerosis of coronary artery  
Other conditions: Atherosclerosis of spine  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations.....  
 Of autopsy.....

**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** Ray David Williams (M. D. or other)  
 Address 14 N. 1st St. St. Louis Date signed 8/19/46

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

MOTHER FATHER

Duration  
2 weeks  
min.  
years  
years  
years  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

SEP 23 1946

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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 *Thomas R. Lemore*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar*

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.