

UNITED STATES DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** AUG 27 1946  
**STANDARD CERTIFICATE OF DEATH**

State File No. **28489**  
**7180**  
Registrar's No. \_\_\_\_\_

Registration District No. **318** Primary Registration District No. **1003**

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Co**  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4210 Blaine Blaine**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Edward Brower**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Clara** 6. (c) Age of husband or wife if alive **61**  
7. Birth date of deceased **2 26 1886**  
(Month) (Day) (Year)

8. AGE: Years **60** Months **5** Days **19** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **New Jersey** (City, town, or county) (State or foreign country)  
10. Usual occupation **Labor**

11. Industry or business \_\_\_\_\_  
12. Name **William Brower**  
13. Birthplace **?** (City, town, or county) (State or foreign country) **9**  
14. Maiden name **?**  
15. Birthplace **?** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Goe T. Judd**  
(b) Address **4465 Hunt Ave.**  
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **8/19/46** (Month) (Day) (Year)  
(c) Place: burial or cremation **St. Matthews**

18. (a) Signature of funeral director **Edith E. Ambruster**  
(b) Address **4234 Inman** **4234 Inman**  
19. (a) **AUG 19 1946** (Date received local registrar) **J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Aug** day **15** year **1946** hour **3** minute **48** 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 \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (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? \_\_\_\_\_

23. Signature **Edith E. Taylor** (Specify type of place) **3** (Means of injury)  
Address **1500 Clark** Date signed **8 19 46**

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

MOTHER FATHER

334

FILED

**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 Wm E. Campbell

Licensed Embalmer No. 3881

P. O. Address St Louis, 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.