

FILED SEP 16 1946

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5650 Nottingham 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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5650 Nottingham Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Roy Lee Brummell

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 Frances 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 11 (Day) 1883 (Year)

8. AGE	Years	Months	Days	If less than one day hr. min.
	<u>63</u>	<u>1</u>	<u>27</u>	

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

10. Usual occupation Operator

11. Industry or business Public Service Co.

12. Name Unknown Brummell

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

14. Maiden name Julia Zumwalt

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

16. (a) Informant Frances Brummell

(b) Address 5650 Nottingham Ave.

17. (a) Cremation (b) Date thereof 9 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl

19. (a) SEP 9 1946 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 8
year 1946 hour 12:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from July 27, 1946 to Aug 7, 1946,
that I last saw him alive on Aug 7, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Due to generalized arteriosclerosis

Other conditions PH
(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 work)
(e) Means of injury _____

23. Signature J. Roman A. Loeb (M. D. number) _____
Address 4922 Hampton Date signed 9/9/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

30-1000

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 *Edmund M. Derwent*

Licensed Embalmer No. *3024*

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, fact should be so stated above.