S. No. 2
I—12
5-17
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6057
3165

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Taylor & Finney Emma Co. City Hospital
(If not in hospital or institution, write street address or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 5 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1245 Shawmut Place 9 10
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Azor J. Brewer
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced D. 3
6. (b) Name of husband or wife Elizabeth Brewer
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Feb. 11th., 1898 (Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Show Worker
11. Industry or business

FATHER
12. Name William Brewer
13. Birthplace (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Sarah Brewer
15. Birthplace (City, town, or county) ill. (State or foreign country)

16. (a) Informant Mrs. Paul J. Ley
(b) Address 1245 Shawmut Place
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Murphysboro, Ill.
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) MAR 3 1947 (Date received by local registrar) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 2nd., year 1947 hour 4 minute 40 A.M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Pneumonia of Bronchi Lung, Bilateral Lung Cancer suspected but to be determined
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other) 3
Address Date signed 3/3/47

(Licensed Embalmer's Statement on Reverse Side)

Coroner's Office

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.