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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20692

Registrar's No. 5433

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: en route City Hosp
--3212-S--9th-ST--
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3212 S. 9th ST. 9
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Sam W. Brewer

3. (b) If veteran, name war unknown

3. (c) Social Security No. 410-20-5730

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife Roxie Brewer

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

7. Birth date of deceased — (Month) — (Day) 1888 (Year)

8. AGE: Years abt - 60 | Months — | Days — | If less than one day ..... hr. ..... min.

9. Birthplace Wayne Co. (City, town, or county) Tenn. (State or foreign country) 1

10. Usual occupation Invalid - None

11. Industry or business .....

FATHER
12. Name Brewer
13. Birthplace unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Maybell Gibson
(b) Address 3212 S. 9th ST.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation Lilbourn Mo.

18. (a) Signature of funeral director Witt Bros. L & U Co.
(b) Address 2929 S. Jefferson Ave.

19. (a) JUN 15 1948 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14
year 1948 hour 8 minute 30 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.

Immediate cause of death Coronary Occlusion; Coronary Sclerosis.

Due to .....

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause of 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? ..... (c) Means of injury .....

23. Signature Patrick E. Taylor Dep. Cor (M.D. or other)

Address 1300 Clark Date signed 6-15-48.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Harold C. Witt

Licensed Embalmer No. 4353

P. O. Address 2929 S. Jefferson Av

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.