

No. 300  
10-48

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15231

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 899

1. PLACE OF DEATH a. COUNTY <i>Maplewood Mo St Louis City</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY <i>St Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Maplewood Mo</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Maplewood Mo</i>	
c. LENGTH OF STAY (in this place) <i>8 years</i>		d. STREET ADDRESS (If rural, give location) <i>3679 Manhattan Av</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>at Home</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>EDWARD</i> b. (Middle) <i>MILTON</i> c. (Last) <i>BREWER</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>April 5 1950</i>		
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5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>Jan 17-1890</i>	9. AGE (In years last birthday) <i>60</i>	if UNDER 1 YEAR Months <i>7</i> Days <i>19</i>	if UNDER 24 hrs. Hours <i></i> Min. <i></i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Canal Operator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Sculling</i>		11. BIRTHPLACE (State or foreign country) <i>Charleston Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
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13a. FATHER'S NAME <i>Charles P Brewer</i>		13b. MOTHER'S MAIDEN NAME <i>Delaney Hunt</i>		14. NAME OF HUSBAND OR WIFE <i>Nora Brewer</i>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>498-10-8750</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Nora Brewer</i>		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i>		ANTECEDENT CAUSES				10 years	
DUE TO (b) <i>Arteriosclerosis</i>		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerosis hepatic</i>				3 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from *Nov 8, 1947* to *March 22, 1950*, that I last saw the deceased alive on *March 23, 1950*, and that death occurred at *2:00* p.m., from the causes and on the date stated above.

23a. SIGNATURE (Inscribed or title) <i>Thomas P. Krusick</i>		23b. ADDRESS <i>105-6200 Hoffman Ave</i>		23c. DATE SIGNED <i>4/6/50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>April 8-1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Our Hill Cem</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis County</i>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>APR 6 1950</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert P. Williams</i>		ADDRESS <i>6536 Clayton Rd</i>	
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(Licensed Embalmer's Statement on Reverse Side) *Rice Hts 17 Mo*

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.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed

*Robert M Murray*

Licensed Embalmer No. *3749*

P. O. Address *St. Louis*

**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.