

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42046**

318

1003

Registrar's No. **9400**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St Louis				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Creve Coeur Route 1 4730			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hosp				d. STREET ADDRESS (If rural, give location) Lindberg & Dorsett			
3. NAME OF DECEASED (Type or Print) a. (First) Harold G			b. (Middle) Brouster			4. DATE OF DEATH (Month) (Day) (Year) 11/3/50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan 19 1888	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 9 Days 24		IF UNDER 24 HRS. Hours 0 Mins.		11. BIRTHPLACE (State or foreign country) St Louis Co Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman				10b. KIND OF BUSINESS OR INDUSTRY Automobile		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME James B Brouster			13b. MOTHER'S MAIDEN NAME Emma McElhinney			14. NAME OF HUSBAND OR WIFE Elizabeth Knight Brouster	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emma Knight Brouster Creve Coeur Mo			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 5 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____		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? 4370					
22. I hereby certify that I attended the deceased from 31 Oct 1950 , to 3 Nov 1950 , that I last saw the deceased alive on 3 Nov 1950 , and that death occurred at 3:40 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John A. Heine, M.D.				23b. ADDRESS 3720 Washington St. Louis, Mo.		23c. DATE SIGNED 11-4-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/5/50		24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cem		24d. LOCATION (City, town, or county) (State) St Louis Co Mo	
DATE REC'D BY LOCAL REG. NOV 6 1950		REGISTRAR'S SIGNATURE Jr B Sarata			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ortmann F Home 9222 Lackland Overland Mo		

(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 _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Al C Ostmann

Licensed Embalmer No. 3478

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.