

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18875**

FILED JUN 7 1951

Registrar's No. **2302**

BIRTH NO. _____ REG. DIST. NO. **307** PRIMARY REG. DIST. NO. **3066**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood	c. LENGTH OF STAY (in this place) 5 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkwood 4683	
d. FULL NAME OF HOSPITAL OR INSTITUTION 711 So. Kirkwood Rd.		d. STREET ADDRESS (If rural, give location) 711 So. Kirkwood Road	

3. NAME OF DECEASED (Type or Print) a. (First) Frederick	b. (Middle)	c. (Last) Brubaker	4. DATE OF DEATH (Month) (Day) (Year) May 27-51
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH May 4-1870	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Decorator	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (State or foreign country) Hudsonville, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.C.
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13a. FATHER'S NAME Joseph Brubaker	13b. MOTHER'S MAIDEN NAME Josephine McCarthy	14. NAME OF HUSBAND OR WIFE Amelia
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Josephine Brubaker	ADDRESS 6527 Cates Av.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiac - vascular disease DUE TO (c) Atherosclerosis		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 420,1	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 **May 10 1948**, to **May 27 1951**, that I last saw the deceased alive on **5/24 1951**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Walter M. Sawyer (Degree or title)	23b. ADDRESS Kirkwood, Mo.	23c. DATE SIGNED 5/29/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-29-51	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. 5-30-51	REGISTRAR'S SIGNATURE Herbert P. Lombard	FUNERAL DIRECTOR'S SIGNATURE W. McLaughlin	ADDRESS 2301 Lafayette Av.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4003
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DR. Quentin Gaines, MD
508 No. Kirkwood Rd
K1. 0035

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 W. G. Farris

Licensed Embalmer No. 3384

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.