

FILED NOV 2 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 35816

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 3560

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (If this place) <b>D. O. A.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>53 TOWN Maplewood</b>		4534
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>County Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2510 Florent Ave.</b>		

3. NAME OF DECEASED (Type or Print) <b>ROY BRUMMETT</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 25, 1951</b>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-8-1890</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>3</b>	IF UNDER 1 YEAR Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b>	IF UNDER 24 HRS. Min. <b></b>
-----------------------	----------------------------------	--	-------------------------------------	--	---------------------------------------	--------------------------------------	--------------------------------------	-------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (State or foreign country) <b>Murphysboro, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
--	--	--	--	---	--	---	--

13a. FATHER'S NAME <b>David Brummett</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Tyler</b>		14. NAME OF HUSBAND OR WIFE <b>Evelyn Jenkins Brummett</b>	
---	--	--	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Evelyn Brummett, above</b>			
---	---	--	--	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.  e	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medical Certification Cause Unknown</b>				INTERVAL BETWEEN ONSET AND DEATH	
	ANTECEDENT CAUSES Morbid 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.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7955</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
---	--	----------------------------	--

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Herbert R. Dombke, Registrar</b>		23b. ADDRESS <b>651 S. Brentwood, Clayton, Mo.</b>		23c. DATE SIGNED <b>10-27-51</b>	
--	--	--	--	----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>10-27-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Mo.</b>		
--	--------------------------------	--	--	--	--

DATE REC'D BY LOCAL REG. <b>10-27-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Dombke, Md</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Jay B. Smith</b>	ADDRESS <b>7450 Manchester Ave. Maplewood 17, Mo.</b>		
---	---	---	--	--	--

(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 \_\_\_\_\_

*A.P. Burgess*

Licensed Embalmer No. \_\_\_\_\_

*4029*

P. O. Address \_\_\_\_\_

*Maplewood*

**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.