

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2640 -62-007817

2640

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2640

AMENDED

FILED MAR 15 1962

1. PLACE OF DEATH  
 a. COUNTY 1 yr. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 STATE MO. COUNTY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b/ CITY OR TOWN St. Louis 7 mo. 2 wks. St. Louis Inside Limits Yes  No   
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) 4166 Enright Ave. Residence on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
 Eddie Brembry 3-6-62

5. SEX Male 6. COLOR OR RACE Col. 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 10/3/98 9. AGE (last birthday) 63  
 IF UNDER 1 YEAR Months 5 Days 3 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Car Washer 10b. KIND OF BUSINESS OR INDUSTRY St. Louis Pub. Serv. Texas, Dallas 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William 13b. MOTHER'S MAIDEN NAME Elizabeth Craigs 14. NAME OF HUSBAND OR WIFE Rhoda Brembry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. 17. INFORMANT Rhoda Brembry, 4166 Enright Address

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Bronchopneumonia  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 491x  
 DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-19-60 to 3-6-62 and last saw her/him alive on 3-6-62  
 Death occurred at 12:10 p.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE S. E. Smith (Degree or title) M.D. 22b. ADDRESS 5600 Arsenal 22c. DATE SIGNED 3/7/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/8/62 23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR Charles J. Gates, Jr., 4107 Finney ADDRESS 25. DATE RECD. BY LOCAL REG. MAR 8 1962 26. REGISTRAR'S SIGNATURE Carl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed *Geoffrey Swann*

Licensed Embalmer No. 4580

P. O. Address 407 Jimmy

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.