

FILED DEC 12 1945

STANDARD CERTIFICATE OF DEATH

State File No. 38387

Registration District No. 316

Primary Registration District No. 3061

Registrar's No. 196

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois 94
(c) City or town Flat River, Missouri 5
(If outside city or town limits, write "RURAL")
(d) Street No. 205 Roosevelt 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mr. Edw. C. Brewer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Elizabeth Francis Boss 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 12 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 2 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Fredricktown, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation retired

11. Industry or business _____

12. Name Mr. William Brewer
13. Birthplace Miss La Motte, Mo. (City, town, or county) (State or foreign country) 0
14. Maiden name Calderonia Walt
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Marie Antoine (daughter)
(b) Address River St. Flat River, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary cemetery (Fredricktown)

18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.

19. (a) 10-22-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 13th year 1945 hour 5 min. P M.
21. I hereby certify that I attended the deceased from Sept 13th 1945 to Oct 13, 1945
that I last saw him alive on Oct 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac - Asthma, myocarditis arteria sclerosi Duration 21^h

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 932 Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature B B Fingar (M. D. or other) Address Flat River Mo Date signed 10/20/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
5
2

MOTHER FATHER

EMBED

District Health Officer No. 4

District File Number 1245-1435

Date Filed 12-10-45

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Crane St. Flat River, Mo.

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.