DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 841

Registration District No. 791 — Primary Registration District No. 1003 — Registrar's No. 841

1. PLACE OF DEATH:

(a) County: FILED FEB 17 1940

(b) City or town: St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 2 Hours (Specify whether years, months or days) In this community: 30 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County:

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 26

(d) Street No.: 822 Farrar (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Elizabeth G. Brewer

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: William

6. (c) Age of husband or wife if alive: 69 years

7. Birth date of deceased: March 11, 1881 (Month) (Day) (Year)

8. AGE: Years: 58 ~~59~~ Months: 10 Days: 17 If less than one day ____ hr. ____ min.

9. Birthplace: Unknown (City, town, or county) Oklahoma (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: At Home

FATHER
12. Name: Alexander Green
13. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name: Mary Summers
15. Birthplace: Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant's own signature: Viola Wallman

(b) Address: 822 Farrar

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 30, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Hill Cemetery

18. (a) Signature of funeral director: A. H. McLaughlin

(b) Address: 2301 Lafayette

19. (a) JAN 29 1940 (Date received local registrar) (b) J. H. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January day: 28 year: 1940 hour: 3:20 minute: A. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h____ alive on ____, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilation

Due to: from Chronic Endocardiac

Due to: Hypernephroma

Other conditions (Include pregnancy within 3 months of death): Adrenalin

Major findings: Of operations: Glands

Of autopsy: 925

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature: Alfred Weary (M. D. or other)

Address: Wipple Avenue Date signed: 1-29-30

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 L. R. Cooper

Licensed Embalmer No. 3633

P. O. Address 2317 Lafayette

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, above space should be left blank.