

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19115

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 111

1. PLACE OF DEATH:

(c) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 4/23/41
(Specify whether
In this community Since 4/23/41
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 67
(c) City or town Zion (If outside city or town limits, write "RURAL")
(d) Street No. Star Route (If rural, give location)
(e) Citizen of foreign country? -- 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theodore Brewington

3. (b) If veteran, name war WORLD 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Anna E. 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased May 12 1893
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 - 11 - -- hr. -- min.

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

10. Usual occupation Farmer

11. Industry or business --

12. Name William Brewington

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Sarah Thomas

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant M. Schullig

(b) Address Clinical Clerk, VAF, Jeff. Bks. Mo.

17. (a) Removal (b) Date thereof 5/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fredericktown, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) MAY 26 1941 (b) R. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd
year 41 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from April 23rd
19 41 to May 23rd 19 41

that I last saw him alive on May 23rd 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis,
pulmonary, chronic, active, far
advanced.

Due to Contributory cause:
Nephritis, chronic, with edema
Due to and anemia.

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

Major findings:
Of operations --

Of autopsy -- 1361

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) (a) Means of injury

23. Signature R. W. GOOD (M.D. or other) 1
Address Acting Chief Medical Officer Date signed

Duration

Unknown

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE 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.....
..... Registered Apprentice No.....
working under my personal supervision.

Signed *Mcford H. Burnley*
.....
Licensed Embalmer No. *4202*.....

P. O. Address.....

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.