

FILED JUL 3 1943 318

Registration District No. 100 Primary Registration District No. 5741

1. PLACE OF DEATH:

(a) County
 (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 Sanitarium 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 yrs 6 mos 10 ds.
(Specify whether)

In this community 13 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 532 S. Garrison Ave
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME WEBSTER BREWSTER.

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

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mariah Brewster 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased unknown unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
about 60 - - - hr. min.

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

10. Usual occupation none

11. Industry or business.....

MOTHER FATHER { 12. Name unknown
 { 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 { 14. Maiden name unknown
 { 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Helma A. Singer

(b) Address 5300 Arsenal St

17. (a) Buried (b) Date thereof 6-24-43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital NO 1

19. (a) JUN 27 1943 (b) J. J. Pickett
(Date received local Registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1943 hour 1:20 minute A.M.

21. I hereby certify that I attended the deceased from 11-28-1940 19..... to 6-8-43 19.....
that I last saw him alive on 6-8-43 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia
Arteriosclerotic Hearts Disease

Due to..... 6-8-43.

Due to.....

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Yes

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.....

23. Signature Walter H. Horn (M. D. or other) MD

Address 5300 Arsenal Date signed 6-8-43

Duration

6-4-43

6-8-43.

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..... *Harry E. Jolley*
Licensed Embalmer No. *4098*
P. O. Address. *Saint Louis, 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.