

FILED MAR 13 1944 18

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2907 Arsenal St.  
(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 000  
 (c) City or town St. Louis 174  
(If outside city or town limits, write "RURAL") 024  
 (d) Street No. 2907 Arsenal St.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME SARAH EDNA BREWER

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month March day 4  
 year 1944 hour 3 30 A.M. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Jake Henry Brewer 6. (c) Age of husband or wife if alive 61 years  
 7. Birth date of deceased Jan 8th 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec-24, 1943, to March 4, 1944.  
 that I last saw her alive on March 3, 1944.  
 and that death occurred on the date and hour stated above.

8. AGE: Years 50 Months 1 Days 27 If less than one day \_\_\_\_\_  
hr. min.

Immediate cause of death  
Corynebacterium diphtheriae  
and Haemophilus influenzae

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

Due to \_\_\_\_\_  
 Due to 108

10. Usual occupation At Home

Other conditions Anterior Otitis Media  
(Include pregnancy within 3 months of death)

11. Industry or business Housewife.

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

16. (a) Informant Lacy May Orr  
 (b) Address 2907 Arsenal St.

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 3/6/1944  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation IRONTON Mo

(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

18. (a) Signature of funeral director J. F. Pudelek  
 (b) Address 2906 Gravois Ave.  
MAR 4 1944  
 (Date received local registrar)  
 19. (a) J. F. Pudelek  
(Registrar's signature)

23. Signature A. F. Plag (M. D. or other) M.D.  
 Address 3150 Morganfield Rd. Date signed 3/4/44

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

**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 *David Van Fossen*.....

Licensed Embalmer No. *4242*.....

P. O. Address *2906 Grandon*.....

**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.**