No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32354

Registrar's No. 9034

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2616 South Kingshighway 9
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No) 16
If yes, name country

3. (a) PRINT FULL NAME Mildred Charlotte Brewe
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 27 (Day) 1897 (Year)

8. AGE: Years	Months	Days	If less than one day
50	8	0	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Secretary
11. Industry or business St. Louis Post Dispatch
MOTHER FATHER
12. Name Edward Brewe
13. Birthplace Warden (City, town, or county) Ill. (State or foreign country) 1
14. Maiden name Alice Freimuth
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0
16. (a) Informant Cletis M. Brewe
(b) Address 2616 So. Kingshighway Bl.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.
18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.
19. (a) SEP 29 1947 (Date received local registrar) J. F. Breseck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 27
year 1947 hour 8 minute 10 M.
21. I hereby certify that I attended the deceased from Sept 20, 19 47, to Sept 27, 19 47, that I last saw her alive on Sept 27, 19 47, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Peritonitis	
Due to Carcinoma of rectum	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy As above	

PHYSICIAN
Underline the cause of 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 0
23. Signature F R Bradley (M. D. or ~~XXXX~~)
Address Barnes Hospital, Date signed 9/27/47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D McGermatt

Licensed Embalmer No. 3024

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.