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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17422

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5081

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

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: Mo. Baptisit Hospital (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 Mo. (b) County 96

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

(d) Street No. 6200 Ella Ave., (If rural, give location) N.R.

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gertrude Brewer.

3. (b) If veteran, name war No

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 Walter Brewer

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August 15, 1864. (Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Silas Johnson
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret L. Harrison
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Walter Brewer

(b) Address 6200 Ella Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3/48. (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiamont Ave.,

19. (a) JUN 2 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 1948 hour 9.30 minute A.M. M.

21. I hereby certify that I attended the deceased from MAY 20, 1948, to MAY 31, 1948; that I last saw her alive on MAY 30, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death INTESTINAL OBSTRUCTION BID

Due to CARCINOMA OF COLON.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Orville O. White (M. D. or other) MD

Address 1184 Hodiamont Date signed 6-1-48.

(Licensed Embalmer's Statement on Reverse Side) ORVILLE O. WHITE

Dr. O.O.White,
1194 Hodiamont Ave.,
CA. 8755.

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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis.

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.