

Registration District No. **318** Primary Registration District No. **1002**

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 3918 DELMAR
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 21 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County DAO
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3918 DELMAR 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EARLINE BREWTON
3. (b) If veteran; name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 17 year 1948 hour 12 minute 54 M.
21. I hereby certify that I attended the deceased from Sept-14 1948
that I last saw him alive on Oct-12 1948
and that death occurred on the date and hour stated above.

4. Sex FEMALE **5. Color or race** Col
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife ALTON BREWTON **6. (c) Age of husband or wife if alive** 50 years
7. Birth date of deceased: Unknown
(Month) (Day) (Year)

Immediate cause of death: Myocardial infarction
Duration 4 weeks

8. AGE: Years 42 Months Unknown Days _____ If less than one day hr. _____ min. _____
9. Birthplace: ALA (City, town, or county) (State or foreign country)
10. Usual occupation: HOUSE WIFE

Due to: _____
Due to: _____
Other conditions: _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

MOTHER FATHER
11. Industry or business: _____
12. Name: Wm. Wesley
13. Birthplace: ALA
14. Maiden name: ELIZABETH REYNOLDS
15. Birthplace: ALA
(City, town, or county) (State or foreign country)

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

16. (a) Informant: ALTON BREWTON
(b) Address: 3918 DELMAR
17. (a) (b) Date thereof: Oct 22/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park Cem
18. (a) Signature of funeral director: F. A. GREEN
(b) Address: 4214 DELMAR BLVD
19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)
(Date received local registrar) (Registrar's signature)

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: J. B. Rainey (M. D. or other) _____
Address: Bo. Franklin Date signed _____

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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address. 4214 Delmar

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.