

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7009

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6276 Registrar's No. 339

1. PLACE OF DEATH a. COUNTY <u>St. Louis,</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri,</u> b. COUNTY <u>St. Louis,</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton (23) Missouri.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton (23) Missouri.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res: 8046 McKinzie Road,</u>		d. STREET ADDRESS (If rural, give location) <u>8046 McKinzie Road.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARA</u>		b. (Middle) <u>JANE * BREWSTER</u>	
		c. (Last) <u>LOVE.</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb'y 10, 1949.</u>			
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>May 16, 1880.</u>
9. AGE (In years last birthday) <u>68.</u>		IF UNDER 1 YEAR Days <u>8.</u>	IF UNDER 2 HRS. Min. <u>24.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home..</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>.....</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Missouri.</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Simon C. Brewster.</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Payne.</u>	
		14. NAME OF HUSBAND OR WIFE <u>Frederick Oliver Love.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None.</u>	
		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F. O. Love, 8046 McKinzie Rd, Affton, Mo.,</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>	
		ANTECEDENT CAUSES DUE TO (b) <u>Cachexia</u>	
		DUE TO (c) <u>Hemiparesis (Cerebral hem.)</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>Hypertension, Essential</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
		<u>3 Mo.</u>	
		<u>May 4 1948</u>	
		<u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 4, 1948</u> , to <u>Feb 10, 1949</u> , that I last saw the deceased alive on <u>Feb 7, 1949</u> , and that death occurred at <u>11:2 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ray David Williams</u>		23b. ADDRESS <u>1150 114 N Taylor, St. Louis 8</u>	
		23c. DATE SIGNED <u>10 Feb 49 MO</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>		24b. DATE <u>Feb'y 12/49.</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Fee Fee Cemetery..</u>	
		24d. LOCATION (City, town, or county) (State) <u>Pattonville, Missouri.</u>	
DATE REC'D BY LOCAL REG. <u>2-12-49</u>		REGISTRAR'S SIGNATURE <u>Shirley B. Langan MO</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Kupton & Sons, 7233 Delmar Bl'vd.,</u>	

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

114 N. Taylor
93-8600

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed

Clarence H. Murray

Signed _____
Student Embalmer

Licensed Embalmer No. *4011*

P. O. Address *St. 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.