

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7114

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) Maryland Heights		a. STATE Missouri		b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Maryland Heights		d. STREET ADDRESS		(If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Old Dorsett & Harlem Aves.		Old Dorsett & Harlem Aves.		Old Dorsett & Harlem Aves.			
3. NAME OF DECEASED		a. (First) Patricia		b. (Middle) Ann		c. (Last) Brewer	
(Type or Print)		4. DATE OF DEATH		(Month) Feb.		(Day) 15 (Year) 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 23, 1948	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		9b. KIND OF BUSINESS OR INDUSTRY XXXXXX		11. BIRTHPLACE (State or foreign country) Spring Bluff, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Neddie Brewer		13b. MOTHER'S MAIDEN NAME Ella Mae Hoern		14. NAME OF HUSBAND OR WIFE XXXXXXXXXXXXX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Ella Mae Brwer Maryland Heights, Mo.		ADDRESS	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) red phosphorous poisoning- suffered after eating a piece of bread					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) on which Electric Paste had been placed, in neighbor's home.					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Maryland Heights, St. Louis, Mo.		(COUNTY) (STATE)	
21d. TIME OF INJURY 2:14 50 P. M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Arnold J. Willmann, Coroner				23b. ADDRESS Clayton, Mo.		23c. DATE SIGNED 2/16/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-18-50		24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery		24d. LOCATION (City, town, or county) Pattonville, Mo.	
DATE REC'D BY LOCAL FEB 16 1950		REGISTRAR'S SIGNATURE Herbert R. Donike M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Blummann Bros. Inc.		ADDRESS 2504-Woodson Rd-Overland-14-Mo.	

m. it.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 28 1950

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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.

Student .....  
Student Embalmer

Signed

*Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address *Overland 14 M*

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.