

FILED OCT 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35692

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2518

1. PLACE OF DEATH a. COUNTY <b>St Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Affton</b>	c. LENGTH OF STAY (in this place) <b>7 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Affton</b> <b>9</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7000 Aliceton</b>		d. STREET ADDRESS (If rural, give location) <b>7000 Aliceton</b>	

3. NAME OF DECEASED a. (First) <b>Nora</b>		b. (Middle) <b>B</b>	c. (Last) <b>Brewer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 17, 1950</b>	
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 18, 1907</b>	9. AGE (In years last birthday) <b>43</b>	10. F UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Bichle, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>August Lappe</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Braun</b>	14. NAME OF HUSBAND OR WIFE <b>William H Brewer</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>William H Brewer 7000 Aliceton</b>		

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) <b>Mitastatic Carcinoma of Breast</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Oct. 1950</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of Rt Breast</b>		Jan 1950
		DUE TO (c) _____		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>170X</b>

19a. DATE OF OPERATION <b>4-26-50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Simple mastectomy; - Metastases of Liver, neck, &amp; abdomen</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>		

22. I hereby certify that I attended the deceased from **4-21, 1950**, to **Oct 17, 1950**, that I last saw the deceased alive on **Oct 11, 1950**, and that death occurred at **10:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Edmund M.D. P.C.S.D.</b> (Degree or title)		23b. ADDRESS <b>5417 So Grand Blvd</b>	23c. DATE SIGNED <b>10-18-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>10/19/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo.</b>

DATE REC'D BY LOCAL REG. <b>10-18-50</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ziegenhein &amp; Sons 7027 Gravois</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4002

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*W. G. Peterson*

Signed:.....

Student Embalmer

Licensed Embalmer No. *3767*

P. O. Address *1027 Gravois*

**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.