

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

11524

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Genevieve</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTSVILLE</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. MARYS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>ST. MARYS MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ROXANA</u>		b. (Middle) <u>LEANA</u>		c. (Last) <u>Brewer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 19 51</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAY 2 1868</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		9b. KIND OF BUSINESS OR INDUSTRY _____		10. BIRTHPLACE (State or foreign country) <u>Brewer Mo</u>		11. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
12a. FATHER'S NAME <u>UNKNOWN</u>		12b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		12c. NAME OF HUSBAND OR WIFE <u>Jessie Brewer</u>			
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		14. SOCIAL SECURITY NO. <u>NO</u>		15. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford J. Brewer - Chaffee, Mo</u>			
16. 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>Cerebral Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Phlebitis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 17a. DATE OF OPERATION _____ 17b. MAJOR FINDINGS OF OPERATION _____			
18a. DATE OF OPERATION _____		18b. MAJOR FINDINGS OF OPERATION _____		19. AUTOPSY? YES ☐ NO ☐		4201	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		20d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
20e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		20f. HOW DID INJURY OCCUR? _____					
21. I hereby certify that I attended the deceased from <u>4/1/51</u> , 19 <u>51</u> , to <u>4/17/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>4/19/51</u> , 19 <u>51</u> , and that death occurred at <u>12 A</u> m., from the causes and on the date stated above.							
22a. SIGNATURE <u>John J. Marcus Jr.</u> (Degree or title) <u>Dr.</u>				22b. ADDRESS <u>St. Marys Mo</u>		22c. DATE SIGNED <u>4/21/51</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>4/21/51</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Catholic</u>		23d. LOCATION (City, town, or county) (State) <u>St. Marys Mo</u>	
24. DATE REC'D BY LOCAL REG. <u>Apr 25 1951</u>		24. REGISTRAR'S SIGNATURE <u>Thelma Vandenberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Les C. Bush</u>		25. ADDRESS <u>St. Genevieve Mo</u>	

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

MAY 1 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.....

Adrian J. Ekler

Signed.....
Student Embalmer

Licensed Embalmer No. *4740*

P. O. Address. *St. Lawrence, 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.