

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

4413

State File No.

BIRTH NO. _____ REG. DIST. NO. 219 PRIMARY REG. DIST. NO. 4468 Registrar's No. 5

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

1. PLACE OF DEATH a. COUNTY <u>STE. Genevieve</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. Genevieve</u>	
b. CITY OR TOWN <u>ST. MARYS</u>	c. LENGTH OF STAY (in this place) <u>42 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST MARYS, 0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARYS, Mo</u>		d. STREET ADDRESS (If rural, give location) <u>ST. MARYS Missouri</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>VALENTINE</u>	b. (Middle) <u>—</u>	c. (Last) <u>BREWER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 8, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>2/14/1879</u>	9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months Days	# UNDER 1 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILL LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Flour Mill</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>Will BREWER</u>	13b. MOTHER'S MAIDEN NAME <u>LORETA CISSEL</u>	14. NAME OF HUSBAND OR WIFE <u>ROSA (REED) BREWER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Carl J Brewer - St. Louis, Mo.</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>arteriosclerosis, heart disease</u> DUE TO (c) <u>4200</u>		
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 type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Oct. 5, 1952 to Jan, 1953, that I last saw the deceased alive on Jan 2, 1953, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph F. Litkewitz M.D.</u> (Degree or title)	23b. ADDRESS <u>St. Marys Mo</u>	23c. DATE SIGNED <u>Jan 9 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1/10/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOPE</u>	24d. LOCATION (City, town, or county) (State) <u>Terryville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 9, 1953</u>	REGISTRAR'S SIGNATURE <u>Luille Barber</u> 481	5. FUNERAL DIRECTOR'S SIGNATURE <u>Leac. Barber, Genevieve Mo</u>	ADDRESS _____
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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

Adrian J. Elder

Licensed Embalmer No. *4740*

P. O. Address *St. Genevieve, 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.