

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11298**
Registrar's No. **3351**

FILED APR 10 1953

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REG. DIST. NO. 1003

PRIMARY REG. DIST. NO. 1003

3351

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton 4810	
c. LENGTH OF STAY (in this place) 4 weeks		d. STREET ADDRESS (If rural, give location) 8038 Mathilda Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Emily b. (Middle) Jane c. (Last) Brewington			4. DATE OF DEATH (Month) (Day) (Year) March 28 1953
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 5, 1884
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Own Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Frey		13b. MOTHER'S MAIDEN NAME Rose Urban	14. NAME OF HUSBAND OR WIFE Charles S. Brewington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John M. Guire, 1222 Louisville Ave.
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Diabetic Sanguine of Left Foot & Leg DUE TO (c) XXXX Sugar Blood sugar very high II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 3-9-53 3-27-53		19b. MAJOR FINDINGS OF OPERATION competent in 2 legs amputation left leg Lower third of thigh	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE WORK	
21f. HOW DID INJURY OCCUR? None		260X	
22. I hereby certify that I attended the deceased from May 12, 1951, to 3/28-53, 1953, that I last saw the deceased alive on 3-28-53, and that death occurred at 1:15 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M. J. Harman M.D.		23b. ADDRESS 2738 Grand Ave	
23c. DATE SIGNED 3/30-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 31, 1953	
24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 30 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.	

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

Dr. M. F. Harmann
2739 No. Grand Ave.,
FR 1800
FR 2611

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 *Levin C. Hoffmann*

Licensed Embalmer No. 3871

P. O. Address 7744 S. Broadway

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.