

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41628

State File No.

FILED DEC 10 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3103

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____	
b. CITY OR TOWN <u>LEMAY</u>	c. LENGTH OF STAY (in this place) <u>7 DAYS</u>	c. CITY OR TOWN <u>ST. LOUIS</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT. ST. ROSE HOSP.</u>		e. STREET ADDRESS (If rural, give location) <u>5247 DEVONSHIRE</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PERRY</u>	b. (Middle) <u>V.</u>	c. (Last) <u>BREWER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 2 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>MARRIED</u>	8. DATE OF BIRTH <u>MAY 12, 1884</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER - DOWLER BARBER SHOP</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>PERRYVILLE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>GREGORY BREWER</u>	13b. MOTHER'S MAIDEN NAME <u>SARAH REINE</u>	14. NAME OF HUSBAND OR WIFE <u>MARY BREWER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-01-4375</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MARY BREWER 5247 DEVONSHIRE AVE.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>
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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) <u>002 X</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	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 27 Nov, 1953, to 2 Dec, 1953, that I last saw the deceased alive on 2 Dec, 1953, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John F. McLann M.D.</u>	23b. ADDRESS <u>9101 S. Broadway</u>	23c. DATE SIGNED <u>3 Dec 53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>DEC. 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>S/S PETER & PAUL</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>12/3/53</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donko, D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>KRIEGSHAUSER 4228 S. KINGS HIGHWAY</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed... *Richard W. Stovesand*

Licensed Embalmer No. *4007*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.