

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2306**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE MO. b. COUNTY Cape Gir.	
b. CITY OR TOWN Clayton		c. CITY OR TOWN Cape Girardeau	
c. LENGTH OF STAY (in this place) 2 yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co. Hospital		STREET ADDRESS (If rural, give location) Route 2, Box 58	

3. NAME OF DECEASED (Type or Print) a. (First) Mary	b. (Middle) _____	c. (Last) Brewer	4. DATE OF DEATH (Month) 9 (Day) 30 (Year) 54
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5. SEX F	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 17, 1894	9. AGE (In years last birthday) 60	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and State or Foreign Country) Chester Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Carl	13b. MOTHER'S MAIDEN NAME Carl	14. NAME OF HUSBAND OR WIFE William Brewer
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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. 041-20-2128	17. INFORMANT'S SIGNATURE OR NAME William Brewer ADDRESS Cape Girardeau
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intracerebral Hemorrhage, massive		INTERVAL BETWEEN ONSET AND DEATH Recent
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral + Generalized Arteriosclerosis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Renal Cell Carcinoma, rt. early			

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) 331X
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? _____

22. I hereby certify that I attended the deceased from **9-30**, 19**54**, to **9-30-54**, that I last saw the deceased alive on **9-30**, 19**54**, and that death occurred at **9:05P** m., from the causes and on the date stated above.

23a. SIGNATURE Cooper D. Ray, M.D. (Degree or title)	23b. ADDRESS 601 So. Brentwood	23c. DATE SIGNED 10-1-54
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24a. REMOVAL _____	24b. DATE 10-2-54	24c. NAME OF CEMETERY OR CREMATORY Fairmount	24d. LOCATION (City, town, or county) (State) Cape Girardeau, MO.
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DATE REC'D BY LOCAL REG. 10-1-54	REGISTRAR'S SIGNATURE Herbert R. Donker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Frank J. Sparks ADDRESS Charleston, MO.
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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.....

Licensed Embalmer No.....

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.