

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-030195
STATE FILE NUMBER

FILED SEP 11 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8605

300
1-57
0

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hosp.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) 4557 S. Broadway
3. NAME OF DECEASED (Type or print) First Middle Last KATHY S. BREWER		4. DATE OF DEATH Month Day Year 9/4/1958	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 9/4/1958
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) Months Days Hours Min. 2
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Brewer		13b. MOTHER'S MAIDEN NAME Charlette Reed	
14. NAME OF HUSBAND OR WIFE None		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Wm. Brewer, 4557S. Broadway	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Menstrual Toxic Shock Syndrome</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Anomalies of Pregnancy</i> DUE TO (c) <i>Polyhydramnios</i>			INTERVAL BETWEEN ONSET AND DEATH <i>9 mo Pregnancy</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>750 x</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from Death occurred at <i>Sept 4th 1958</i> 2:05 A.M. to <i>Sept 7 - 58</i> and last saw her alive on <i>Sept 4 58</i> m of the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Julius S. Rottler M.D.</i>		22b. ADDRESS <i>2603 Shawnee St</i>	22c. DATE SIGNED <i>9 5 58</i>
23a. BURIAL, CREATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>9/5/1958</i>	23c. NAME OF CEMETERY OR REPOSITORY <i>St. Trinity Lutheran</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri</i>
24. FUNERAL DIRECTOR <i>McLAUGHLIN'S, 2301 Lafayette Ave.</i>		25. DATE RECD. BY LOCAL REG. <i>SEP 5 '58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>

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 *James R. Chapman*

Licensed Embalmer No. *4552*

P. O. Address *H. Haines*

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.

NOT