

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-012122

STATE FILE NUMBER

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 52

FILED MAR 27 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>PERRY</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>              |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PENNYVILLE</u>   |   | Length of stay in 1b <u>14 HRS</u>   | c. CITY OR TOWN <u>MINNITH</u>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>PERRY CO. MEMORIAL</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>P.O. MINNITH MO</u>   |
| 3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>W.</u> Last <u>BREWSTER</u>   |   | 4. DATE OF DEATH Month <u>MARCH</u> Day <u>22</u> Year <u>1962</u>   |  |
| 5. SEX <u>MALE</u>  | 6. COLOR OR RACE <u>WHITE</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/23/80</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) <u>81</u>   |
| 11. BIRTHPLACE (City and state or country) <u>ST MARY'S MO</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>GEORGE BREWSTER</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>MARY SHAW</u>   | 14. NAME OF HUSBAND OR WIFE <u>ROSE SCHAFF</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>  |   | 16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>  | 17. INFORMANT Address <u>Douglas Brewster Minnith Mo</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute coronary occlusion and femeral artery embolus</u><br>DUE TO (b) <u>Arterio <del>sclerosis</del> sclerosis -</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>24hrs</u><br><u>year?</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown |
| 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 _____ a.m. _____ p.m.  | Month, Day, Year _____  |  |  |
| 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 <u>3/22/62</u> to <u>3/23/62</u> and last saw him alive on <u>3/22/62</u><br>Death occurred at <u>1 30 P</u> m. on the date stated above, and to the best of my knowledge, from the causes stated.   |   |  |  |
| 22a. SIGNATURE <u>Joseph F. Lutkewald</u> (Deceased or 1/1g)  |   | 22b. ADDRESS <u>610 Rozier Street Ste. Genevieve, Mo.</u>  | 22c. DATE SIGNED <u>3/23/62</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE <u>3/24/62</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>MINNITH CEMETERY</u>   | 23d. LOCATION (City, town, or county) <u>MINNITH MO</u>  |
| 24. FUNERAL DIRECTOR <u>Leo C. Baskin Ste. Genevieve Mo</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>3-24-62</u>  | 26. REGISTRAR'S SIGNATURE <u>Joseph J. Zollner</u>   |

**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 Adrian J. Ehlert

Licensed Embalmer No. 4740

P. O. Address Ste 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.