

REC'D MAR 23 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7642
Do not use this space.

1. PLACE OF DEATH

(a) County St Charles Registration District No. 757
 (b) Township St Charles Primary Registration District No. 3036
 (c) City St Charles (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nancy Carol Brewer
 (a) Residence, No. 2223 N Benton St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR, OR, RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. +
 9. Industry or business in which work was done, as saw mill, bank, etc. +
 10. Date deceased last worked at this occupation (month and year) + 11. Total time (years) spent in this occupation +

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles MO

FATHER 13. NAME Lester Brewer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles MO

MOTHER 15. MAIDEN NAME Lillian Brewer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) 2223 N Benton St Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wahngsbem DATE Feb 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cumham-Murphy 424 Jefferson

20. FILED 2/20 Clarence G. Heister Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1939

22. I HEREBY CERTIFY, That I attended deceased from February 20 1939, to February 22 1939
 I last saw h.e.r. alive on February 22 1939. Death is said to have occurred on the date stated above, at 5:15 am.
 The principal cause of death and related causes of importance were as follows:

Prematurity Date of onset 2/20

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) George E. Kister, M. D.

(Address) St Charles, Mo

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

Registered Apprentice No....., working under my personal supervision.

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 this body is not embalmed, above space should be left blank.