

NOV 13 1939 791

Registration District No. **1003** Primary Registration District No. _____ Registrar's No. **8446**

1. PLACE OF DEATH: **1003**
 (a) County **2**
 (b) City or town **St. Louis**
 (c) Name of hospital or institution:
4236 Cano Ave
 (d) Length of stay: In hospital or institution **6.5 years**
 In this community **6.5 years**

3. (a) PRINT FULL NAME **Minnie Bruewer**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Henry Bruewer**
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **April 18 1847**
 (Month) (Day) (Year)

8. AGE: Years **92** Months **5** Days **12**
 If less than one day _____ hr. _____ min.

9. Birthplace **Germany** **Germany**
 (City, town, or county) (State or foreign country)

10. Usual occupation **At Home**
 11. Industry or business **6**

MOTHER FATHER
 12. Name **William Temme**
 13. Birthplace **Germany**
 14. Maiden name **Unknown**
 15. Birthplace **Germany**

16. (a) Informant's own signature **Frank Bruewer**
 (b) Address **7328 Huntington Drive**

17. (a) **Burial** (b) Date thereof **Oct 3 1939**
 (c) Place: burial or cremation **Valhalla Cemetery**

18. (a) Signature of funeral director **Beiderwieden Funl Home Inc**
 (b) Address **1926 St. Louis Ave**

19. (a) **OCT 3 1939** (b) _____
 (Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **1**
 (c) City or town **St. Louis**
 (d) Street No. **4236a Cano Ave**
 (e) If foreign born, how long in U. S. A? **65 years**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Sept** day **30**
 year **1939** hour **9:30** minute **A** M.

21. I hereby certify that I attended the deceased from **Sept 25**, 19**39**, to **Sept 30**, 19**39**;
 that I last saw her alive on **Sept 29**, 19**39**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism**

Due to **Generalized arteriosclerosis**

Due to **Deceased fell in her own home**
 Other conditions (include pregnancy within 3 months of death) **Sept 25 to 1939**

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
Oct 10 1939

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence **Sept 25, 1939**
 (c) Where did injury occur? **St. Louis mo**
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

(Specify type of place) _____
 While at work? _____ (a) Means of injury **fell down steps**

23. Signature **Charles Martin** (M. D. or other) **M.D.**
 Address **3911 Lee Ave.** Date signed **9/30/39**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.