

S. No. 2
 OM-5-43
 v. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10940**
 Registrar's No. **2933**

FILED APR 12 1946
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to City Hospital 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL"
 (d) Street No. 2141a Maury Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Florence E. Brewer
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex female / 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Robert F.
 6. (c) Age of husband or wife if alive 47 years
 7. Birth date of deceased July 31 1909
(Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 26
 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework
 11. Industry or business at home

MOTHER { 12. Name Jacob Hense
 13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Dorothy Tutenberg
 15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Brewer
 (b) Address 2141a Maury Ave.

17. (a) burial (b) Date thereof 3-30-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Kriegshausner
 (b) Address 4228 S. Kingshighway

19. (a) 3-28-46 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 27th
 year 1946 hour 1:50 minute P M.
 21. I hereby certify that I attended the deceased from _____
 _____, 19____ to _____, 19____
 that I last saw h_____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Shingles due to
herpes virus she was found
in her home on March 27
Due to 946, about 11:58 PM.
coming from transom of door.
Excluding from kitchen in
sun porch.

Other conditions breasts white suffering
(Include pregnancy within 3 months of death)
 Major findings: absent
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) suicide
 (b) Date of occurrence March 27 1946
 (c) Where did injury occur? St. Louis
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)
 While at work? _____ (c) Means of injury see above
 23. Signature Walter G. Perry (M.D. or other)
 Address 1214 Coronado Date signed 4/2/46

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Elwin D. Mc Dermott*
.....
Licensed Embalmer No. *3024*
.....
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, fact should be so stated above.