

**FILED** MAY 31 1946

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4605

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Mariah Brewster

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female

5. Color or race Negro

6. (a) Single, widowed, married, divorced wid.

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 14 1881  
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 20  
If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Henry Baker

13. Birthplace Alabama  
(City, town, or county) (State or foreign country)

14. Maiden name Viola Harris

15. Birthplace Alabama  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Hardiman

(b) Address 2601 N Whittier

17. (a) Burial (b) Date thereof MAY 23 1946  
(Burial, cremation, or removal) (City or town) (County) (State) (M.D. or other)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director V. B. Anderson

(b) Address City Nesh Road

19. (a) MAY 22 1946 (Date received local registrar) J. F. Medeck (Registrar's signature)

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. 101 N Channing  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4 year 1946 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from April 26, 1946 to May 4, 1946, that I last saw him er alive on May 4, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion  
Diabetes Mellitus

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Oliver J. Ayer (M. D. or other) 5/17/46  
Address 2601 N Whittier Date signed \_\_\_\_\_

Duration Unk

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

MAY 22 1946

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**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, fact should be so stated above.**