

S. No. 2  
12-45  
5-17-39  
PI X47070

FILED OCT 16 1946

State File No. \_\_\_\_\_  
Registrar's No. 315

Registration District No. \_\_\_\_\_ Primary Registration District No. 3059

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Bonne Terre  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Bonne Terre  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days  
lifetime (Specify whether years, months or days)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Doe Run  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

3. (a) PRINT FULL NAME Mary Jane Brewster

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex f 5. Color or race W

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

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

7. Birth date of deceased July 13 1882  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	2	22	hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October 5  
year 1946 hour 4.50 minute a M.

21. I hereby certify that I attended the deceased from 5-9  
1946, to Oct 5, 1946.  
(that I last saw her alive on Oct 5, 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis 14yr.

Due to arterial sclerosis 24yr.

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

Other conditions (Include pregnancy within 3 months of death)

Major findings: 93D

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

9. Birthplace St. Francois City Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business homemaker

12. Name Henry Brewster

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

14. Maiden name don't know

15. Birthplace don't know  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Brewster  
(b) Address 2242 Delmar Granite City Ill

17. (a) b (b) Date thereof 10-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doe Run Cemetery

18. (a) Signature of funeral director C. H. Cozean  
(b) Address Farmington, Missouri

19. (a) 10-9-46 (b) Esther Rudloff  
(Date received local registrar) (Registrar's signature)

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?  
(Specify type of place)

While at work \_\_\_\_\_ Means of injury 0

23. Signature Geo. L. Walters (M. D. or other) \_\_\_\_\_  
Address Farmington, Mo. Date signed 10-8-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

2  
1

289

RECEIVED

Sanitary Health Officer No. 4  
Department File Number 1046-2749  
Date Filed 10-14-46

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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..... *C. J. Cozen*  
Licensed Embalmer No. 4084  
P. O. Address Farmington Me

**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.