FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 10 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 3292

Registration District No. 377 — Primary Registration District No. 3063 — Registrar's No. 42

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Affton (If outside city or town limits, write "RURAL")
(d) Street No. 8038 Mathilda (If rural, give location)
(e) Citizen of foreign country? (~~Yes or~~ No)
If yes, name country

3. (a) PRINT FULL NAME Charles Brewington
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Emily Frey
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 19 (Day) 1874 (Year)

8. AGE: Years 73 Months 7 Days 16 If less than one day hr. min.

9. Birthplace Madison Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation None
11. Industry or business None
FATHER
12. Name Paul Brewington
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Marthy Golden
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Emily Brewington
(b) Address 8038 Mathilda
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/8/47 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Avenue
19. (a) 1-8-48 (Date received local registrar) (b) Cecil G. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1948 hour 6 minute A.M.

21. I hereby certify that I attended the deceased from December 29, 1947, to January 5, 1948; that I last saw him alive on January 5, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death BRONCHOPNEUMONIA | |
| Due to Purulent Tracheobronchitis | |
| Due to 107 | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy CONSOLIDATION BOTH LUNGS | |

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

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? (e) Means of injury

23. Signature A. E. Heigel (M. D. or ~~other~~)
Address 601 Brentwood Date signed 1-5-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....W E Morris.....

Licensed Embalmer No.....3360.....

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.**