

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2½ weeks
(Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County STO
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 519a St. Joseph Street
Memorial (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PATRICIA IRENE A. BREWER

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 S /
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 11, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 16 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Charles E. Brewer
13. Birthplace Shreveport, Louisiana (City, town, or county) (State or foreign country)
14. Maiden name Elsie Skaggs
15. Birthplace Denver, Colorado (City, town, or county) (State or foreign country)

16. (a) Informant Charles E. Brewer
(b) Address 519a St. Joseph Street

17. (a) burial (b) Date thereof 3-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue

19. (a) MAR 1 1948 (b) J. F. Brueck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th
year 1948 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 2/10/48
_____, 19____, to Feb. 27th, 1948
that I last saw her alive on Feb. 27th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death persistent diarrhea Duration 29 days

Due to unknown cause

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

Major findings: Of operations None
Of autopsy Fatty liver

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) _____
(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) (c) Means of injury _____

23. Signature Albert E. Howard Jr (Date signed) 2/28/48
Address 1517 Lafayette Date signed _____

2086

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.....

BW Cooper

Licensed Embalmer No.

3830

P. O. Address.....

2301 Lafayette Av

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: