

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1152

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 226 ³ / ₀ St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer L. Phillips		d. STREET ADDRESS (If rural, give location) 914 Brooklyn St	

3. NAME OF DECEASED (Type or Print) a. (First) Pauline b. (Middle) c. (Last) Brewster		4. DATE OF DEATH (Month) (Day) (Year) 2 2 51	
5. SEX F	6. COLOR OR RACE 3 Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married	8. DATE OF BIRTH 8-20-1879
9. AGE (In years last birthday) 71	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days Hours Min.
11. BIRTHPLACE (State or foreign country) DE SRID CON. ANK.		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME JESSIE Hines	13b. MOTHER'S MAIDEN NAME Louise Hines	14. NAME OF HUSBAND OR WIFE Henry Brewster
---------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Brewster 914 Brooklyn St.
---	-------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Shock (airned) contrib. - Splht Antecedent causes: thickness burns of body; suffered when deceased clothing became ignited when she got too close to the open stove while placing coal in the stove in the front room at her home at 9/4 DUE TO (b) (c) to the open stove while placing coal in the stove in the front room at her home at 9/4		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Brooklyn St on Feb 1, 1951 at about 2:15pm Accident	19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT (Specify) Suicide HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Feb 1 51 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? E 916 Q

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:48 P. m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor (Degree or title) Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 2-5-51
--	-------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-6-51	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Baricks MO
--	------------------	--	--

DATE REC'D BY LOCAL REG. FEB 5 1951	REGISTRAR'S SIGNATURE J. B. Lassater	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS GUS LOWE 2930 Dickson St.
-------------------------------------	--------------------------------------	--

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 _____

William G. Lowe

working under my personal supervision.

Student Embalmer No. *399*

Signed *William G. Lowe*
Student Embalmer

Signed *Leroy H. Barnister*

Licensed Embalmer No. *4523*

P. O. Address *9850 Epton Ave.*

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.