

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24342

State File No. _____

318

1003

Registrar's No. 6833

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN St. Louis,	c. LENGTH OF STAY (In this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2179	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Anthony Hospital		d. STREET ADDRESS (If rural, give location) 2112 Portis Ave. 0	

3. NAME OF DECEASED (Type or Print) a. (First) WILHELMINA b. (Middle) _____ c. (Last) BREWER			4. DATE OF DEATH (Month) (Day) (Year) July 30, 1951		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 3, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) St. Genevieve, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Jacob Hoog		13b. MOTHER'S MAIDEN NAME Sophie Otte		14. NAME OF HUSBAND OR WIFE Late Nerius Brewer	

15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no, or unknown) No.	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Oscar Brewer-2112 Portis Ave.		ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic cardiac-vascular			INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) heart disease (decompensated 3/16/51)			_____
OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Ch. Cholecystitis			-370-
		Severe dementia			67mb

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) fracture of hip	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-26-51 10:30	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? got out of bed - feet to floor

22. I hereby certify that I attended the deceased from **3-16-51**, to **9-30-51**, that I last saw the deceased alive on **7-20-51**, and that death occurred at **1:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Oscar Brewer (Degree or title) _____	23b. ADDRESS 45735 Kingshighway	23c. DATE SIGNED 7/30/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal (Mtr)	24b. DATE 8-2-51	24c. NAME OF CEMETERY OR CREMATORY St. Mary's	24d. LOCATION (City, town, or county) (State) St. Mary's, Mo.
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DATE REC'D BY LOCAL REG. III 3 1 1951	REGISTRAR'S SIGNATURE J. B. Karater	25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser	ADDRESS 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed

Richard W. Stoverson

Licensed Embalmer No. 4007

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.