

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30161**

FILED SEP 29 1951

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3990

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) Life		d. STREET ADDRESS (If rural, give location) 631 West 66th Terrace 38-0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) B.	
		c. (Last) BREWSTER	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 19, 1951			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 21, 1903
9. AGE (In years last birthday) 48		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME R. R. Brewster		13b. MOTHER'S MAIDEN NAME Grace Sloane	
14. NAME OF HUSBAND OR WIFE Frances Brewster,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Frances Brewster,		ADDRESS 631 W. 66th Terr. KC Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral hemorrhage, gastroenterohemorrhage	
ANTECEDENT CAUSES		b. bleeding Hemorrhages seen January 7 d.	
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		DUE TO (b) Portul Cerebra	
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH 3 d.	
Conditions contributing to the death but not related to the disease or condition causing death.		58/0	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Feb , 19 51 , to 9/19/51 , 19 51 , that I last saw the deceased alive on 9/18 , 19 51 , and that death occurred at 5 A m., from the causes and on the date stated above.			
23a. SIGNATURE Mark Dodge MD (Degree or title)		23b. ADDRESS 4635 W. Grand Ave	
23c. DATE SIGNED 9/19/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/21/51	
24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 9-19-51		REGISTRAR'S SIGNATURE Sheldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE,		ADDRESS Kansas City, Missouri	

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

*Home Logans
2/2/22*

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 *[Signature]*
Licensed Embalmer No. *KG 33*
P. O. Address *[Signature]*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.