

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

32775

State File No.

048

Registrar's No.

FILED OCT 7 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis, Mo.

c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri

b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis

2169

d. FULL NAME OF HOSPITAL OR INSTITUTION
Deaconess Hospital

d. STREET ADDRESS (If rural, give location)

16 3169a Morganford Rd.

3. NAME OF DECEASED

(Type or Print)

a. (First)

b. (Middle)

c. (Last)

John H. Brewster

4. DATE OF DEATH

(Month) (Day) (Year)

Sept. 28, 1952

5. SEX

male

6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 24, 1885

9. AGE (In years last birthday)

67

IF UNDER 1 YEAR

Months

Days

IF UNDER 2 HRS.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work; Do not include most of working life, even if retired)

Baker

10b. KIND OF BUSINESS OR INDUSTRY

self

11. BIRTHPLACE (City and State or Foreign Country)

Missouri

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

Henry Brewster

13b. MOTHER'S MAIDEN NAME

Clara Sneider

14. NAME OF HUSBAND OR WIFE

Nellie Brewster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Nellie Brewster 3169a Morganford

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

Chronic myocarditis

DUE TO (b) Atherosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

5 yrs -

10 yrs -

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO

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) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

4200

22. I hereby certify that I attended the deceased from June 1952, to 28 Sept, 1952, that I last saw the deceased alive on 28 Sept, 1952, and that death occurred at 720p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Richard H. Key, M.D.

23b. ADDRESS

5930 Southwest Ave

23c. DATE SIGNED

30 Sept 52

24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)

24b. DATE

10-1-52

24c. NAME OF CEMETERY OR CREMATORY

Sunset Burial Park

24d. LOCATION (City, town, or county) (State)

St. Louis County, Mo.

DATE REC'D BY LOCAL HEALTH DEPARTMENT

SEP 30 1952

REGISTRAR'S SIGNATURE

Richard H. Key, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

Southern Funeral Home

ADDRESS

6322 S. Grand Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Ray,
5930 Southwest,
Hi 0750 8 to 10 a.m.

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Louis Thompson

Licensed Embalmer No. *4342*

P. O. Address *6312 Av. Grand*

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.