

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **43211**

No. 300
10.48
DEC 23 1952

BIRTH NO. **124** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **408**

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BONNE TERRE 0941	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 110 W. SCHOOL ST	
d. FULL NAME OF HOSPITAL OR INSTITUTION 110 W. SCHOOL ST			

3. NAME OF DECEASED (Type or Print) a. (First) ALICE b. (Middle) BREWSTER c. (Last) BREWSTER			4. DATE OF DEATH (Month) (Day) (Year) DEC. 17, 1952		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH MARCH 14, 1868		9. AGE (In years last birthday) 84		10. MONTHS 9 DAYS 3	
10a. USUAL OCCUPATION (If his 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) NASHVILLE TENN.	
				12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME MAJOR M. HOLLAND		13b. MOTHER'S MAIDEN NAME NANCY ELLEN WILLIS		14. NAME OF HUSBAND OR WIFE JOHN 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 ADA BOAS	
				ADDRESS BONNE TERRE Mo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Nephritis			INTERVAL BETWEEN ONSET AND DEATH W.K.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown				
		DUE TO (c)				
		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 592X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Oct-1, 1952 to Dec-17, 1952, that I last saw the deceased alive on Dec-16, 1952, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. Evans M.D.		23b. ADDRESS Bonne Terre Mo.		23c. DATE SIGNED 12-18-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 19, 1952		24c. NAME OF CEMETERY OR CREMATORY BONNE TERRE	
				24d. LOCATION (City, town, or county) (State) BONNE TERRE Mo.	
DATE REC'D BY LOCAL REG. Dec. 19, 1952		REGISTRAR'S SIGNATURE Cather Ruff		25. FUNERAL DIRECTOR'S SIGNATURE Benjamin Phillips	
				ADDRESS Bonne Terre Mo.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Clarence J. Claywell

Licensed Embalmer No. *13706*

P. O. Address *Concord, N.C.*

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.