

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43303**  
Registrar's No. **11253**

DEC 24 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST LOUIS 2179</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MISSOURI PACIFIC HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>2345 TENNESSEE AVE</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LOUIS</b> b. (Middle) c. (Last) <b>BREWSTER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-6-52</b>	
5. SEX <b>M</b>	6. COLOR OF RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG 16-1879</b>
9. AGE (In years last birthday) <b>73</b>		10. DURING OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FOREMAN</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MURPHYSBORO ILL</b>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>UNKNOWN BREWSTER</b>	
13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>DELLA BREWSTER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>489-07-0733</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Della Brewster</b>		ADDRESS <b>2345 Tennessee</b>	
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) <b>Pulmonary Emphysema</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Asthma</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>5271</b>		22. I hereby certify that I attended the deceased from <b>November 18, 1951</b> , to <b>Dec 6, 1952</b> , that I last saw the deceased alive on <b>Dec 6, 1952</b> , and that death occurred at <b>6:52 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>David E. Roberts MD</b>		23b. ADDRESS <b>MO Pac Hospital</b>	
23c. DATE SIGNED <b>12/1/52</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>DEC 9-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>EAST ST LOUIS ILL</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert L. &amp; Co</b>	
25. ADDRESS <b>1905 So Grand</b>		DATE REC'D BY LOCAL REG. <b>DEC 8 1952</b>	

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 M. W. Rector .....

Licensed Embalmer No. 4865 .....

P. O. Address St Louis Mo .....

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.