

LED OCT 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32599

BIRTH NO. _____		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>199</u>	
1. PLACE OF DEATH a. COUNTY <u>Steele</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rolla</u>		c. LENGTH OF STAY (in this place) <u>2 weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>423 Scott</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McFarland Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>423 Scott</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SARAH</u> b. (Middle) <u>MARIA</u> c. (Last) <u>BREWERY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-1953</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-3-1867</u>	
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Maryville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel S. Funk</u>		13b. MOTHER'S MAIDEN NAME <u>Wilson Ann Brewson</u>		14. NAME OF HUSBAND OR WIFE <u>Robert Scotland Brewery</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Harold Dell Aldag, 423 Scott, St. Louis, Mo.</u>			
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			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>420</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>arteriosclerotic heart disease</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Sensitivity</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>				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) (Min.)		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 <u>9-14</u> , 1953 to <u>9-27</u> , 1953 that I last saw the deceased alive on <u>9-14</u> , 1953, and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. Fend</u>				23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>9-30-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-1-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery, St. Louis County, Mo.</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Sept. 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Paul J. Shanley, Rolla, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number _____
Date Filed 10-5-33

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.

Student
Student Embalmer

Student Embalmer No. _____
Signed [Signature]
Licensed Embalmer No. 3472
P. O. Address Cuba, 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.