

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2616
0918

State File No.

FILED FEB 4 1954

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME OF THE FRIENDLESS		d. STREET ADDRESS (If rural, give location) 4431 SO. BROADWAY	

3. NAME OF DECEASED (Type or Print) a. (First) ISABELLE b. (Middle) DENNIS c. (Last) BREWER			4. DATE OF DEATH (Month) (Day) (Year) JAN 29 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH DEC. 26, 1872	9. AGE (In years last birthday) 81	10. CITIZENSHIP If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 YRS.: Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES LADY	10b. KIND OF BUSINESS OR INDUSTRY SCRUGGS CLOTHING	11. BIRTHPLACE (City and State or Foreign Country) CENTERTVILLE, PENNSYLVANIA	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME JOHN BAKER DENNIS	13b. MOTHER'S MAIDEN NAME ALMA ELWING	14. NAME OF HUSBAND OR WIFE FRANK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME HOME OF THE FRIENDLESS	ADDRESS 4431 S. BROADWAY
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 6 hrs
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 4222
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22. I hereby certify that I attended the deceased from April 1953 to 1/29 1954 that I last saw the deceased alive on 1/28 1954, and that death occurred at 4:04 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Chas E. Hemmer M.D.</i>	(Degree or title) M.D.	23b. ADDRESS 3720 Parkington	23c. DATE SIGNED 1/29/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE JAN FEB. 1, 1954	24c. NAME OF CEMETERY OR CREMATORY LAWRENCE, KANSAS	24d. LOCATION (City, town, or county) (State) LAWRENCE, KANSAS
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DATE REC'D BY LOCAL REG. JAN 29 1954	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE C. HOFFMEISTER	ADDRESS COLONIAL MORTUARY 6464 CHIPPewa ST. LOUIS MO.
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P.P. (Licensed Embalmer's Statement on Reverse Side)

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 C. Hoffmann

Licensed Embalmer No. ³⁴⁷¹ *7814 S. Broadway*

P. O. Address *7814 S. Broadway*

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.