

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25602

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1640

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings		c. LENGTH OF STAY (In this place) 8 mon.	c. CITY OR TOWN Jennings <u>4148</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION 7018 Manette Dr.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS: 7018 Manette Dr.		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) R. c. (Last) Brewer		4. DATE OF DEATH (Month) (Day) (Year) 7/9/54	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4-7-1866
9. AGE (In years last birthday) 88 yrs.		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Perry Co., Mo.
13a. FATHER'S NAME Bernard Nienhaus		13b. MOTHER'S MAIDEN NAME Mary Gebhardt	14. NAME OF HUSBAND OR WIFE Pius Brewer
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 Wm. H. Brewer 1158 No. Geyer
12. CITIZEN OF WHAT COUNTRY? USA		ADDRESS	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HYPERTENSIVE CARDIOVASCULAR DISEASE		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE		
DUE TO (c)		DUE TO (a) stating the underlying cause last.		
11. 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"/>	

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?

22. I hereby certify that I attended the deceased from 29 MAY, 1954, to 8 JULY, 1954, that I last saw the deceased alive on 8 JULY, 1954, and that death occurred at 5:45a m., from the causes and on the date stated above.

23a. SIGNATURE Carl W. Lanier, M.D. (Degree or title)	23b. ADDRESS 3731 Goodfellow Blvd	23c. DATE SIGNED 7/9/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 7/10/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope
24d. LOCATION (City, town, or county) (State) Perryville, Mo.		

DATE REC'D BY LOCAL REG. 7/9/54	REGISTRAR'S SIGNATURE Wesley B. ...	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schnur ADDRESS 3125 Lafayette Ave.
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(Licensed Embalmer's Treatment on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Thomas R. Fenwick*.....

Licensed Embalmer No. *379*.....

P. O. Address *3125 Lafayette*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.