

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

State File No. 23518
Registrar's No. 5426

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>ST. LOUIS</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>3322 CAROLINE</u>				e. STREET ADDRESS (If rural, give location) <u>3322 CAROLINE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u> b. (Middle) _____ c. (Last) <u>BREWER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 21 1955</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>AUG 10 1885</u>		9. AGE (In years last birthday) <u>69</u>	10. MONTHS _____	11. HOURS _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT-HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSISSIPPI</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>GEORGE BREWER</u>		13b. MOTHER'S MAIDEN NAME <u>ROXY BARFIELD</u>		14. NAME OF HUSBAND OR WIFE _____			
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. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BONNIE CARTLIDGE CAROLINE</u> ADDRESS <u>3322</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Cardiovascular Renal Disease</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>40 hr.</u> <u>1 yr.</u>	
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? <u>442X</u>			
22. I hereby certify that I attended the deceased from <u>JUNE 8, 1955</u> , to <u>JUNE 21, 1955</u> , that I last saw the deceased alive on <u>June 21, 1955</u> , and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. H. Houch MD</u> (Degree or title) _____				23b. ADDRESS <u>1452 So. Coupl. - Orleans 4 - 7070</u>		23c. DATE SIGNED <u>June 21, 55</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JUNE 22 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGH HILL</u>		24d. LOCATION (City, town, or county) (State) <u>CARTHAGE MISSISSIPPI</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>JUN 22 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Rutes</u>		ADDRESS <u>2906 Gravier</u>	

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.....
Licensed Embalmer No. 396
P. O. Address.....

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.