

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11771

State File No. ....

BIRTH NO. ....

REG. DIST. NO. 317PRIMARY REG. DIST. NO. 544Registrar's No. 858

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkwood</u>		c. LENGTH OF STAY (in this place) <u>5 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Silver Lane</u>		e. STREET ADDRESS (If rural, give location) <u>3 Silver Lane</u>	
3. NAME OF DECEASED a. (First) <u>Emma</u>		b. (Middle) <u>Josephine</u>	
c. (Last) <u>Brewer</u>		4. DATE OF DEATH <u>March 29, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 2, 1907</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 24 HRS. Hours <u>  </u> Min. <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk Typist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Federal Land Bank</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Louis Derry</u>	
13b. MOTHER'S MAIDEN NAME <u>Clara Belle Robman</u>		14. NAME OF HUSBAND OR WIFE <u>Allen Earl Brewer</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 <u>Allen Earl Brewer</u>		ADDRESS <u>3 Silver Lane</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Carcinoma of Breast with metastases</u>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Breast with metastases</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) <u>  </u>			
DUE TO (c) <u>  </u>			
II. OTHER SIGNIFICANT CONDITIONS			
Conditions contributing to the death but not related to the disease or condition causing death. <u>  </u>			
19a. DATE OF OPERATION <u>7-22-1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Breast, Bilateral.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>170x</u>	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>  </u>		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? <u>  </u>		22. I hereby certify that I attended the deceased from <u>August, 1952</u> , to <u>March 28, 1956</u> , that I last saw the deceased alive on <u>March 28, 1956</u> , and that death occurred at <u>12:30 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Joseph Warren West, M.D.</u>		23b. ADDRESS <u>109 N. Taylor, Kirkwood, Mo.</u>	
23c. DATE SIGNED <u>March 29, 1956</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>3/31/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger, Kirkwood 22, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-29-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke, M.D.</u>	

Embalmer's Statement on Reverse Side)

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

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**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 *William H. Fitzgerald*.....

Licensed Embalmer No. *431*.....

P. O. Address *Parkwood*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.