

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

318

1003

5091 - 60-020725
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Length of stay in 1b 18 DAYS	c. CITY OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4919 NATURAL BRIDGE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CHESTER L. BREWER			4. DATE OF DEATH Month Day Year 5/13/60			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/18/92	9. AGE (last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) CUBA, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME PICKNEY BREWER		13b. MOTHER'S MAIDEN NAME MAGGIE FULTON		14. NAME OF HUSBAND OR WIFE LILLIE BREWER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. yes	17. INFORMANT Address LILLIE BREWER (MOTHER) WOLVERTON, MINN.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE WITH PULMONARY EDEMA					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) THROMBUS FORMATION OF DISTAL AORTA, BELOW RENAL ARTERIES, EXTENDING INTO BOTH COMMON ILIAC ARTERIES					
	DUE TO (c) GENERALIZED ATHEROSCLEROSIS					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIFFUSE FIBRINOPLURULENT PERITONITIS ASSOCIATED WITH PARALYTIC ILEUS AND GASTRIC DILATATION					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 450-0				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE	
21. I attended the deceased from 4/25/60 to 5/13/60 and last saw ^{PER} him alive on 5/13/60 Death occurred at 12:00 NOON on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <i>William J. Gortman</i> William J. Gortman			22b. ADDRESS M.D. VAH, ST. LOUIS, MO.		22c. DATE SIGNED 5/13/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE may 14, 1960	23c. NAME OF CEMETERY OR CREMATORY Eagel Cemetery	23d. LOCATION (City, town, or county) (State) Christian North Dakota			
24. FUNERAL DIRECTOR C.R. Lupton and Sons		ADDRESS 7233 Delmar Blv'd.	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Loan Smith</i> Loan Smith, M.D.		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Arnold W. Schoer

Licensed Embalmer No. 3864

P. O. Address St. Louis,

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