

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041235
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10183

FILED OCT 17 1963

1. PLACE OF DEATH a. COUNTY City of St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN St. Louis, Missouri	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Firmin-Desloge		d. STREET ADDRESS (If outside, give location) 5925 Dale	
3. NAME OF DECEASED (Type or print) First Middle Last Pearl AGNES Brew		4. DATE OF DEATH Month Day Year 10 12 63	
5. SEX Female	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 8-12-05
9. AGE (last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STITCHER	11. BIRTHPLACE (City and state or country) Mo
10b. KIND OF BUSINESS OR INDUSTRY SHOE FACTORY		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Mathis, William		13b. MOTHER'S MAIDEN NAME Hoffman, Liza	
14. NAME OF HUSBAND OR WIFE BREW, OSCAR		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)	
NO		16. SOCIAL SECURITY NO. 341	
17. INFORMANT Oscar Brew		Address 5925 Dale	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia - hypoxemia - asphyxia</u>			INTERVAL BETWEEN ONSET AND DEATH 8-12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>alveolo-capillary block</u>			unknown
DUE TO (c) <u>lymphangitic spread carcinoma lung</u>			6-8 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>congestive heart failure (right ventricle)</u>			
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) 163 X	
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 7-1-63 to 10-12-63 and last saw him alive on 10-12-63 Death occurred at 2:22 A M on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Kent D. Bealnear, MD.		22b. ADDRESS Firmin Desloge Hospital	
22c. DATE SIGNED 10-13-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10/15/63	23c. NAME OF CEMETERY OR CREMATORY Mt LEBANON Cemetery	
23d. LOCATION (City, town, or county) St Louis County Mo.		23e. STATE	
24. FUNERAL DIRECTOR Cullen Kelly		25. DATE RECD. BY LOCAL REG. OCT 14 1963	
ADDRESS 7267 Natural Bridge		26. REGISTRAR'S SIGNATURE Roan Smith, M.D.	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59.

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.