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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 1 1947

Registration District No. 316

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22010

Primary Registration District No. 3061

Registrar's No. 210

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

1. **PLACE OF DEATH:**
(a) County St Francois
(b) City or town Flat River, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
(Specify whether years, months or days)

2. **USUAL RESIDENCE OF DECEASED:**
(a) State Missouri (b) County St Francois 94
(c) City or town Flat River, Mo 5
(If outside city or town limits, write "RURAL")
(d) Street No. 205 Roosevelt St 2
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs Elizabeth Frances Brewer

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Edward Cicero Brewer

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June (Month) 13 (Day) 1875 (Year)

8. AGE: Years 72 Months 5 Days 4 If less than one day hr. min.

9. Birthplace Fredricktown, Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

MOTHER FATHER

12. Name Mr. Fred Bess 0

13. Birthplace Fredricktown, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Mary Bess

15. Birthplace Fredricktown, Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Antoine (Daughter)
(b) Address Flat River, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary C. - Fredricktown, Mo

18. (a) Signature of funeral director Alva W Hoop
(b) Address 303 Crawford St Flat River, Mo

19. (a) 6-24-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 17
year 1947 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1, 1946, to June 17, 1947, that I last saw her alive on June 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	1 yr
Complete heart Block	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. H. Applebury (M. D. or other)
Address Flat River Mo Date signed 6-18-47

Died about 6:30 a.m. June 17 1947.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 647-881

Date Filed 6-30-47

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address Flat River, Mo - 303 Clark

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